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ORIGINAL ARTICLES.

NOTES IN SURGICAL GYNÆCOLOGY.[1]

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MINOR GYNÆCOLOGY.

I do not desire to embarrass the members of this Section with any labored discussion of literature, statistics, or pathology, but simply to state as briefly as may be such suggestions as observation, study and experience have shown me to be of importance.

Sutures.—Carbolized silk, mutton-gut, carbolized and hardened in alcohol, whale gut and kangaroo tendon are rapidly assuming prominence. The wire suture is dying, and after a long life of usefulness we see simply that *it*, too, must follow the law of the survival of the fittest, and give place to better methods. The silver wire suture was not an ideal surgical invention. It was ever an irritant, and always necessitated after interference of more or less annoyance. In Emmet's operation the gut answers every purpose, and after seeing several operations attended with the best results following upon its use, and that of the continuous stitch, I am strongly in favor of such procedure in every instance. This manner of stitching is the rule in similar conditions in other parts of the body, and there seems to be no reason why the cervix should be excluded from the category. Mutton-gut is very strong and easily absorbed. *Aseptic silk*, in lacerations of the perineum and in gynæcological plastic surgery, generally subserves a most admirable purpose. I have witnessed a very large number of these cases, and have assisted in many of them, but I have never seen the wire used during my residence in Germany. Silk is used exclusively in perineal operations, and is much more comfortable for the patient. *Iodoform collodion* is used to paint over the line of stitching in perineal operations, and is of especial advantage when it becomes impossible to use antiseptic dressings.

The Curette.—The objections urged against the intelligent use of this instrument lose force in face of statistics. If the uterus be first irrigated with carbolized water, then curetted, then injected with tinct. iodine or liq. ferri, and then again irrigated, there will be no bad results. As a diagnostic and therapeutical agent it is highly valuable. It accomplishes in one sitting, and with little risk, what nothing else can. This also may be said of uterine injections of iodine and liq. ferri—when proper precautions are used they should not be followed with colic. I have personally seen over one hundred such injections, either with or without curetting, and in no instance was there any bad after result. On the contrary the patients were immediately and appreciably relieved. Dr. Landon has made over 500 injections with only one case of well-marked colic, and has witnessed over 1500 such injections, with one death, at the clinics of Prof. Schroeder and Gusserow, and at Dr. Martin's Poli-klinite such injections and curettings are made daily upon several different women. If the curette will not enter, dilate at once with graded dilators, and then curette. But do not use the sponge tent for such a purpose; time is lost, nothing is gained, and much risk of septic poisoning is incurred. In pathological conditions of the mucous membrane of the uterus, with the alarming train of symptoms so characteristic of endometritis, the hæmorrhage is at once arrested, and the membrane of the uterus, stripped of the little polypoid growths, is allowed to regain its normal condition. Irrigation and caustics will have no effect here. As to treatment of endometritis diffusa, or fungosa, or glandular hypertrophic, or glandular hyperplastic, or interstitial endometris, the curette is the only thing that will achieve any good result. And it does this by reason of the changes it sets up in the uterine mucous membrane.

Alexander's Treatment of Prolapsus Uteri.—Shortening of the round ligaments for the cure of a prolapsed uterus has not found much favor on the Continent, and failed entirely in the accomplishment of its purpose in the only instance that I knew of in which it was resorted to in Germany. It might possibly be of some avail in backward displacements of the uterus, but I cannot see how it can be of any service in prolapsus, even though the uterus may depend, as Dr. Alexander claims, upon the resiliency of the surrounding tissues for its support. This theory is hardly tenable in view of the pathological and physiological processes in both the bladder and intestines, which necessitate a constant change in the amount and direction of the pressure upon the uterus, so that the support is at no time the same, and at some period may be absent altogether. Yet all this may and does happen without a consequent prolapsus uteri.

ABDOMINAL SURGERY.

I still continue my firm belief in and adherence to

[1] Read in the Section on Obstetrics and Gynæcology at the Thirty-Sixth Annual Meeting of the American Medical Association.

strict antiseptic detail. I regard such precautions as a *sine qua non* of success. Were means and opportunity to come into harmonious conjunction, my procedure in all laparotomies would be somewhat as follows: A well lighted, well warmed room, with sanded walls and stone floor, in which the spray had been playing for some hours previous to the operation; a set of instruments used only for abdominal surgery; porcelain basins; no sponges; all the water used to be previously boiled; the spray to be in action during the entire operation; two assistants (one having charge of the anæsthetic and the other being opposite the operator), and one or two good nurses, to handle the basins, instruments, etc. The patient should have a carbolized bath the night before the operation, and the hair should be shaved from the pubes. An operating table of galvanized iron, made in sections, the section under the lumbar region of the patient being so arranged that it can be dropped down, so that the bandages can be passed around the body without disturbing the patient (Martin's table). It can be made so low that the operator can sit between the patient's legs, and thus be very comfortable, or high enough for him to stand at the left side. The temperature of the room during the operation I would have at 80°–82° F. The abdomen of the woman should be well washed with soap and water while she is being anæsthetised, and then rubbed off with mercuric bichloride solution 1-2500 or 1-3000. Flannel wrung out of hot water, or hot bottles should be under the arms and along the body, the extremities and trunk being thoroughly protected with flannel. All instruments and ligatures should be kept in carbolized water, and all the assistants should be *aseptic* in the strictest sense of the word. A few visitors only could be allowed, and it should be equally necessary for them to be aseptic. The door should not be opened after the operation had begun. All cysts should be evacuated with a trocar, because it is more cleanly than the simple puncture, which allows the contents to dribble over the patient. The cavity being exposed, I would protect it from contamination by cloths wrung out of hot water (antiseptic). These keep the bowels in place, and can be packed nicely around the stump; or else I might use Marcy's rubber sheet, which completes most satisfactorily the toilet of the peritoneum.

Sepsis is of course the hydra-headed monster against which the operator is called upon to exercise most zealous guard and watch. I become more and more impressed also with the belief that a sudden reduction of temperature may exercise a most pernicious influence, although that opinion is not shared be gynæcologists in Berlin. I cannot believe that a large mass may be removed from the abdomen without withdrawing a certain amount of heat developed by its presence, and I cannot believe that the central nervous system will not appreciate the difference. It is for this reason that I would anticipate the change by supplying external heat to the patient. This being provided for, every energy is directed toward the prevention of sepsis. Until some better measure be devised, or until the opponents of antiseptics shall be able to show that the present scrupulousness of German operators is without any foundation as a scientific process, I shall continue to believe in its great name. Nay, more: I shall believe that the greatest measure of success will be his who exercises the most rigid antiseptic precautions. The stump, in simple cases, may be sewed through and through with the cobbler's stitch, or several interrupted stitches of double thread, passed through the substance at short distances, may be used, or the the pedicle may be tied in halves and dropped. The pedicle can also be tied in halves, and the flaps above the stitching may be brought over and sewn together above the first, so as to give a double protection. I have already had my say in regard to the intra-peritoneal treatment of the pedicle, and expressed my preference therefor. As yet I have seen no reason why I should change. It is an easier operation, it does not require so much time as the extra-peritoneal method, it is much neater, and to my mind a much better surgical procedure. Formerly there was a question of hæmorrhage. Now-a-days, this is a factor of small importance, since experience and intelligent advance has taught us how to control it. The elastic ligature was a happy device, and with it one can operate safely and without fear.

Shock—rather a vague and uncertain term, has grown to be synonymous with want of facility in the operator, by which the operation has been unduly prolonged, provided always that the temperature of the body has been kept up to a proper standard—for I fancy that in former days many cases of so-called shock may have been deaths from a lowering of the temperature.

By the intra-peritoneal method drainage of the whole peritoneal cavity may not be possible, and of course the incubus of sepsis will hover around like a black cloud for several days. In view of this, Dr. Martin's article on the treatment of the stump after myomotomy (*Berl. klin. Wochenschr.*, 1885, No. 3), will be read with much interest. In certain cases, especially those in which he thinks that the absorbent power of the peritoneum may be interfered with, he makes use of prophylactic drainage. Without this drainage he had thirty-one cases, with a mortality of 35.5 per cent.; with drainage he had twenty-nine cases, with a mortality of 24.2 per cent. To this he adds five cases of supra-vaginal amputation of the uterus, one being treated without drainage and four with drainage, making thirty-two cases without drainage, the mortality being 34 per cent.,—of which 21.9 per cent were from *sepsis*. Thirty-three cases were treated with drainage, with a mortality of 24 per cent., of which 12 per cent. died from *sepsis*. After gastro-hysterectomies he drains from Douglas's cul-de-sac through the vagina. The treatment of the stump in the intra-peritoneal gastro-hysterectomies is a matter of importance and interest. It seems to me that this is best done by utilizing the peritoneum as a flap, as described by Martin in his book on the Pathology and Treatment of the Diseases of Women, and by making sure, before returning the stump, that there is no oozing. These two questions—the arrangement of the stump and prophylactic drainage—ought to be provocative of discussion, since they go

to make up the sum and substance of this plan of treatment. Hofmeier's recently published monograph on Prof. Schroeder's 100 laparotomies (the number now is considerably more than that), may be studied with advantage.

Extirpation of the Cancerous Uterus through the Vagina.—Operating after his own plan, I have seen Dr. Martin make this extirpation in forty minutes without losing any blood—or at least without losing but very little. The operation is, however, a difficult one, and would be impossible in a constricted vagina, or if the uterus were very much enlarged. It is not easy to get the finger up through the posterior opening at the vaginal insertion, and unite the ligamentum lata with the peritoneum and vaginal wall, and even in the first stitches which unite the peritoneum with the posterior vaginal arch, the operator may fail, as others have done, to include the peritoneum. It is well to cut with one sweep of the scalpel directly into the cul-de-sac of Douglas, and then unite these cut surfaces—peritoneum and vagina—before going any further. The stitches must be drawn as *tightly as possible*, and Dr. Martin is in the habit of using about four of them. A double thread is used with the lig. lata, and the needle should come out about one ctm. from where it went in. This requires nice manipulation, and the index finger must be delicate in its sense of touch. The great merit of this operation is that it is rapidly done, and with the loss of the smallest possible amount of blood.

After-Treatment.—In plastic operations upon the vagina or upon the cervix, if aseptic silk be used, there is no necessity for further interference. In lacerations of the perineum, the stitches can be removed in a week. The vagina can be packed with iodoform gauze (gauze well soaked in iodoform and glycerine), the parts having been powdered with iodoform immediately after the operation. When changing the dressings, it is a good plan to irrigate thoroughly with carbolized water. When the vagina is not tamponed, warm antiseptic injections should be kept up daily. This should be carefully done, so that the nozzle of the syringe will not irritate the cervix, and the reservoir and receiver should be so arranged that the woman can lie in bed with the hips elevated, and allow the injection to go on for half an hour at a time. After amputations of the cervix, there is often a good deal of posterior inflammation, which resists treatment for a long time and is wearing upon the patient. This yields in time to *patience* and *hot water* injections. The bowels must be kept soluble. Constipation, a prevalent complaint among women, keeps up the inflammation, and each passage is attended with severe pain. After laparotomies, careful nursing and judicious feeding are of primary importance. Morphia should be given at first as occasion may require, and the bladder should be emptied by the nurse until the woman can safely do so herself. When indicated, an ice-bladder over the abdomen is frequently called into requisition in Germany. For the first few days, milk, wine and water and bouillon may be given—but nothing should be forced upon the patient for some hours after the operation. Mellin's Food subserves a useful purpose, as it furnishes *heat*, and can be retained by the most delicate stomach. From the fourth to the seventh day, a little meat may be added. The drainage tube may be removed upon the third or fourth day. All dressings should be renewed under the fullest antiseptic precautions.

Abdominal surgery has not as yet risen to the importance of a *distinct* branch in Germany. Professors Gusserow and Schroeder are professors of both obstetrics and gynecology, and perform all the operations coming under both heads. With proper precautions, I cannot see why a man who makes an "Emmet," or an amputation of the cervix, or who delivers a woman, should not also do a laparotomy. If he change his clothing and take a bath, as every one must do who attends a laparotomy in Berlin, and if he has a distinct set of instruments for his abdominal work, there can be little danger arising from his having come from a case of labor. Schroeder and Martin have done splendid work, and yet they are busy at all hours of the day in the various departments of obstetrics and gynecology. Besides a perfect technique, they are both firm believers in antisepsis. Gusserow in diagnosis and pathology, Schroeder as a didactic lecturer, and Martin as an operator form a notable triumvirate.

THE RELATION OF MIND TO MATTER.[1]

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It is an evident fact that the materialistic theory is at the present day, among educated people, the popular one; but when, if it has not already reached its flow, the ebb sets in, it will be discovered that the members of the medical profession have in no small degree been responsible for its dissemination, as their preparatory studies necessitate the investigation of matter and its properties, and in the pursuit of this knowledge they lose sight of the fact that there is something immaterial in man, and that some of his acts are free. The same cause exists in all the branches of science, producing like effects; consequently scientific men are largely in the majority in the materialistic ranks, with the medical profession well represented, and all this in the face of the fact that every practitioner of medicine admits, that in numerous instances he recognizes the necessity for the treatment of the mind (whatever he may mean by the word) more than the body. Schiller said: "I abandoned surgery for philosophy and poetry because I found the wounds of the spirit were so much graver and more numerous than those of the flesh." The confidence with which the patient turns with almost every thought to his physician places him in a position next to God, and therefore the expression of an opinion carries with it a weight second to none; hence the relation is a responsible one.

The object, therefore, I have in view, is to attempt to prove that freedom of volition does exist, and that it is incompatible with matter; that man's actions

[1]Read before the Mississippi Valley Medical Society, Sept. 9, 1885.

prove that he is not all matter, for in some of them he chooses, and therefore is free; and that the molecules of matter remain as they were created, unbroken and unworn. If I fail to make clear the position I have assumed; if my reasoning is defective, yet should it only awake in the mind of one of my hearers a train of thought that will enable *him* to clear away the cloud which prevents so many from distinguishing the material from the immaterial, the mind as something distinct from matter, though so intimately connected with it, I shall feel amply rewarded for my efforts.

Mind and matter are the two factors of the universe. *Mind produces; matter is the product.* And here, perhaps, it will be proper to explain what I mean when I make use of the terms, matter; a simple being, and a spiritual being. Matter has weight, and occupies space to the exclusion of other matter. It exists in three forms, solid, liquid and gaseous, and may be simple or compound. A simple being is not matter, but dependent upon matter, and therefore is material; as light, heat and electricity—forces in a body. A spiritual being is independent of, though incased in matter, and has an extrinsic dependency on matter because it depends upon the nervous system for the report of sensations, and depends upon the body for its compound life with the body, and God does not create it except in a body. Such an entity is *spiritual*, is *immaterial*. The light and heat of the sun is represented when wood or coal is consumed, and the force thus generated is that conserved in their formation, and clearly demonstrates that matter is dominated by a *simple being* (force)—it is the spirit of an otherwise motionless mass.

The materialist declares that there is nothing immaterial in man, that all our acts are necessitated and fated; in other words, we do only what we are obliged to do. What, then, is that mysterious life or entity created only in a body, and which manifests itself in memory, gratitude, love, hate, pride, and the belief in a life beyond the grave, if not something immaterial—spiritual? That we are free we know, for it is a fact of consciousness; human accountability rests on this truth; all laws are based upon it, from those governing the savage tribes, to those of the most civilized nations; for there can be neither reward or punishment, vice or virtue, where there is no freedom of action. Convince a jury that a man's actions are not free, and conviction is impossible. But apart from this, and that inward spiritual speech which alone greets that marvel of creative love—man—and which prompts him to do good and shun evil, and out of the wreck of every earthly hope bids him trust in that unseen creative power for rest in the realms above, there is other evidence inexplicable save by the admission of something not matter controlling our actions. Localized cerebration has been advanced by the materialists as an unanswerable argument in favor of their theory; the seat of intelligence being in the anterior and posterior convolutions of the cerebrum; aud that memory has been located in the fissure of Sylvius, near the island of Reil; but is it memory? No! it is merely that portion of the brain where the mind receives, communicates, and expresses the recollections and opinions of subjects and objects; in other words, by certain nervous combinations it reproduces at this spot impressions received. But if I am wrong, and memory is merely the substance of the brain, how is it that in old age, when since youth the grey and white matter have been frequently renewed, we can retain the memory of childhood years? Is it written there as upon parchment? What a mental cyclone there must have been among the atoms of grey matter, if Spencer's theory is correct, and fearfully dangerous commotion in the necessarily rapid movements of mind-cells according to Hæckel's idea of cerebration, when Mithridates, king of Pontus, was calling each of his 80,000 soldiers by name! Scipio knew all the inhabitants of Rome; George III never forgot a face that he had once seen, or a name that he had once heard; when Lord Granville could repeat from beginning to end the New Testament in the original Greek, Bossuet could repeat the whole Bible, all of Horace, Virgil, Homer, and many other works. These are a few instances only of remarkable memories, or immense cerebral storage capacity. Can the substance of the brain store a lifetime's experience, and reproduce it at will? But stop! *The will of what?* It must be something superior to, as it controls matter. When we read something ludicrous, the mere sight or sound of the words (actions of matter) do not cause us to laugh, but it is the *ideational* change developed in something apart from matter which affects the risibilities; for if this act was merely mechanical, then every normal cerebral mass subjected to the same sight or sound (cause) should induce the same effect (consequence), but the fact that it does not, but frequently the opposite, excludes such a hypothesis. The same can be said of all our emotions. Why is it that we may become so accustomed to the striking of a clock as to become unconscious of its presence, if the impressions are made only on matter? For the vibrations of the air were transmitted to the delicate membrane of the ear as usual, and from thence to the brain by the natural mechanical and neurotic process; not a sound escapes it; consequently, if *matter* alone takes cognizance of sound, then, as it did make an impression on the substance of the brain, it should have recognized the number when it struck the hour; but the fact that it did not, proves that the cognition or intelligence *is not composed of matter*, but is distinct from it.

I am aware that some materialists claim that the recollection of past events is merely setting in motion again the molecules of grey matter, or, as Hæckel expresses it (Vol. i, pp. 127), "the mind-cells which possess the capacity to feel, to act, to think," which originally produced the perception. (Query—What is that capacity? Evidently it is something superior to and distinct from the cell it controls.) But if this be true, I ask, what controls, and what sets these cells in motion again? For that we possess this power, every intelligent person must be conscious; the loss of it *is insanity to that degree.* Why is it that two persons, after viewing a subject or object, arrive at different conclusions? or why, by evidence or reasoning, change them, if the impressions made

are simply movements or arrangements of the mind-cells; or impressions on the grey substance of the brain? What has the power to effect the rearrangement of brain substance, and adjust the cells so as to form the new impression? Surely this is only another name for that intelligence which we call spiritual. If not, then the darkness is simply intensified by this kind of an explanation. It is strange how differently the cells arrange themselves, after viewing the same subject or object, in an educated and ignorant person, or even in two persons of equal mental calibre. The school-boy is not blameable when he has imperfect lessons; it is merely the wrong arrangement of the mind-cells, or the loss of "force" to call up the right ones; though the effect produced upon them by corporal punishment is wonderful, for after a thorough administration of this remedy, we usually find them better prepared at the next recitation. We may be in doubt which of two ways is the correct one to spell a word, but by writing it we can, from the appearance, quickly decide which is right. Now, as there must have been in this case two different arrangements of mind-cells formed in the brain, if this theory is correct, what was it that decided the question? We may recall some passage or verse committed to memory years ago, and although we can repeat it word for word, a doubt often arises as to its correctness which can only be removed by reference to the original. Now, what caused this feeling of doubt? It could not have been the mind-cells, for they were arranged right, and if they *think*, they must have known it. Why do we then, if this theory be true, condemn defaulters, murderers, thieves, etc.? It is merely the wrong arrangements of the mind-cells which impelled them to commit the act; though most of them will admit, that had they heeded that "monitory voice"—that force or capacity—that *something not matter*, which warns us as we walk, and rebukes us when we stray, they would not have fallen. No, we do not inflict punishment upon *machines*, as this theory makes us out to be, but upon *hearts*, *souls*, *characters*, when they have been false to their Creator, to their fellow-men, and to themselves by the violation of the law which the natural exercise of their *free-will* would have prevented.

Dr. Zuckertort, the chess player, says, in explaining how he is able to play several games at the same time without seeing the board: "I have a way of photographing a board in my mind, and the boards being numbered, when one board is called, the photograph of the position of the men on the board comes instantly before my mind, while the last board disappears; I never see two boards before me for a single instant." Now, what is the power controlling that "force" by which this mind-cell shuttle is moved back and forth to the fissure of Sylvius in its proper time and place, if not something superior to, and apart from matter? For, if force acted alone upon matter, the boards would reappear in the *inverse* order of their formation, six, five, four, etc.; but the fact that they come as called, one, and five, and three, and six, is *conclusive evidence* that the simple being (force) is controlled by an intelligent, creative power superior to it, which we call mind (a spiritual being). The truth is, that in their attempt to explain these and kindred phenomena, the materialists are led to attribute to laws and actions of matter, what in reality are actions and laws of spirit.

That successful physicians, generals, merchant princes, and landed aristocrats must possess similar powers to those evidenced by Dr. Zuckertort in the game of chess, there can be no doubt, but if this phenomenon is due *alone* to the action of matter, then, as the quantity and quality of brain substance used in cerebration in these cases must be about the same, they should be able to change position with each other with equal success; just as a car constructed to carry ten tons of freight, will transport with equal ease and safety that weight of corn, coal, or any other substance; but that this is not the case with the brain we have convincing proof in the numerous individual instances we can all recall. This demonstrates that its movements are controlled by a spiritual being (mind) acting through a material substance, and that it is not matter that chooses what is agreeable and suitable for its development; for when this spiritual desire is disregarded, failure inevitably follows. If the brain be perfect in quantity, quality and construction, the psychical endosmosis and exosmosis emanating through such an instrument, with proper advantages, will place the possessor among the conceptive and accomplished of his day. Webster's brain would not have varied a single iota in weight or appearance had he remained an ignorant country farmer, but had that something not matter (mind) which marks out the path for, and urges us to follow through life, prompted him to become a chemist, an astronomer or a geologist, there is little doubt but that he would have become as renowned in that branch of science, as he did as a jurist and a statesman. We would not expect a man to make lumber with a hand-saw; or think of blaming the engineer because he could not make his engine draw 300 tons when its traction power was only 150. It is exactly so with the mind in its relation to the brain.

The materialists assert, in proof of their theory, that we have no cognitions except such as are afforded us by our sensations, but that we cannot rely on our sensations because the object may not be as our sensations perceive it to be. What, then, do we know? Only that we are and that we feel something; hence we can never know what we are or what we feel. That this reasoning is false we must all acknowledge. To illustrate: if marble, or substances possessing similar properties, be brought in contact with the skin, the impression conveyed to the senses and the sensational understanding is that they must be colder than other substances, such as wood, etc., and this impression would remain, was there not a power apart from and controlling matter, which, regardless of the sensation, informs us that the coldness is illusive, and due to its greater capacity for the absorption of heat; in other words, it is a better conductor. Again, it is evidenced in traumatic pressure of the brain, for we find, after a long interval of insensibility, the mind *at once* resumes its function when the obstruction which prevented the machine (brain) from working is removed. Some twenty-five

years ago, Dr. Brainard, of Chicago, removed a piece of depressed bone from the head of a sailor who, twelve months previously, had fallen from the rigging of a schooner and remained insensible up to that time. The moment the pressure was removed, the mind gave proof of its readiness for action by recalling the event, although the past year was a blank in his life. Another case, still more remarkable, occurred in Maine: The son of a miller, while standing on one side of the mill-pond, at a banter from his father, who was on the other side, shot at a snipe standing on a rock in the middle of the pond; the ball missed the bird and, glancing from the stone, struck the father in the forehead. He remained in an insensible condition for nearly two years, when a depressed piece of bone was removed, and the mind taking up the thread where it had been so suddenly broken, he exclaimed: "Zeek, you dog, you missed it;" thus proving that in the almost imperceptible in terval between the shot and the reception of the injury, the mind had mirrored the fact that the bird was unhurt, and had framed an answer for delivery. Force *alone* could act so instantaneously; but neither force or matter, alone or combined, could retain the knowledge of the event for such a length of time.

If I call a materialist's attention to my watch, and in explanation inform him that in strength in construction, beauty in design, and regularity of movement, the jewelled time recorder approximated so closely to perfection that, regardless of thermometric, barometric and electrical changes, the variation would be but the fraction of a second in six months, he would then naturally enough ask: Who made that watch? If I should reply, "No one made it; it made itself," would not this answer justly enough elicit the interrogation, "Is he an idiot, or insane?" The eighty-one stars in Orion have moved back and forth for thousands and thousands of years without collision or departure, for they move with a regularity and precision of which the description of the watch forms but a beggarly illustration. This infinite, endless motion of the stars, this magnificently majestic illuminated planetary procession, moving with a precision which enables us to foretell for years in advance where their shadows will fall, instinctively and intuitively, prompts the question, Who made them? If I reply "They had no maker, *they made themselves*," then, instead of pronouncing the sentence, "He is a *fool, or lunatic*," the materialist exclaims, "Behold an advanced scientist and philosopher!"

I ask the materialist how he accounts for the phenomenon of cerebration? Herbert Spencer answers, "The mind exists wherever gray matter is found, whether in the axis-cylinder of Purkinje, or the neoplasm of the cell itself; and whether found in the tentacle of the cuttle fish, the tail of a dog, or the brain of a man." Hæckel assures us that "the mind is composed of cells which possess the 'capacity' to will, to act, to think;" but here we find that they are acted on by some superior force controlling them, and are therefore merely instruments; for if I ask, What do you mean by the word capacity? they answer, "We mean force." Now what is this peculiar force (something created only in a body), not possessed by other cells? That you believe or are convinced of the truth of your assertion I have no doubt; but this will not answer the purpose; how do you *know*, how can we become *conscious* that volition is due to the action of peculiar brain-cells, gray matter, or any other substance peculiar to the cerebral mass? Surely it cannot be accounted for in the composition of the material out of which they are constructed; certainly the different form of the cell will not explain it, therefore it remains a very pretty undemonstrable theory without any foundation of facts. That Hæckel was honest in his *belief* that he had discovered that the mind consists of peculiar shaped cells, and that Spencer *thought* that he had demonstrated that the mind was simply the gray matter wherever found, I would not question, for with their conception of it (as we are seldom more than we deem ourselves to be), they would naturally enough expect to find it as quickly in the tentacles of the cuttle fish, or a dog's tail, as in the brain of a man; though Spencer has never shown, nor have we any data that would warrant us in asserting, that a bob-tailed dog possessed less intelligence than before he was curtailed of so much of his mental faculties. With the evidence adduced, such a predicate would suggest that in his search to discover the origin of this mysterious force, he had exhausted his brain and arrived at this conclusion through an act of cerebration at the other end.

If you ask me, What is the mind? I would answer: That something created within us that can be used to control the voluntary actions of man, as evidenced in his ability to do good or evil; to seek that which is pleasurable and avoid what is painful; to choose the occupation best suited to his endowments; the recollection of names and the objects to which they belong; that which appreciates the character of the impressions received, which knowledge enables us to adopt means for the accomplishment of particular ends; that which forms conceptive ideas in the brain of man by which he moulds the other factor (matter) into forms which, but for this, would not exist; as works of art, and the inventions so necessary for success in peace or war, as well as in the struggle of civilization against barbarism. There is *no other source* whence they can come. In a word, every successful invention is an idea realized—it is the *material* construction of a *mental* conception, and which, but for this, would never have existed; it is this *preëxisting* form in the mind that guides the artist's and the artisan's hands; that made an Archimedes and an Angelo; and just as this psychical model is perfect or imperfect, distinctly or indistinctly seen, will the material form shadow forth more plainly than can be told in language. It is related of Michael Angelo that in explaining to a visitor at his studio what he had been doing at a statue since his previous visit, he said: "I have retouched this part, polished that; softened this feature; brought out that muscle; given some expression to this lip, and more energy to that limb." "But those are trifles," remarked the visitor. "It may be so," the artist replied, "but trifles make perfection, and perfection is no trifle."

It is the mind that rules. It is this same factor which enables us to look into the future as well as the past, and profit by the experience of those who have preceded us.

Now gray matter, or a so-called mind-cell, no matter what form it may assume, by which it is distinguished from other brain cells, cannot distinguish the phenomenon except as an *instrument*, because it is composed of matter, and matter can act only as it is acted on. The brain and nervous substance are similar in their chemical nature. The chief difference between the white and gray portion is in their structure, the former being composed of nerve-fibres alone, the latter containing, in addition to the nerve-fibres, interstitial matter and nerve-cells. They contain eighty per cent. of water, the solid matter consisting in part of a protein body, in part of a body which, by the action of acids, yields products similar to the viscous matter of the yolk of an egg; a fatty crystalline acid which contains nitrogen and about one per cent. of phosphorus, named cerebric acid. Cholesterine is also present, and an oily, fatty acid containing phosphoric and oleic acid. Now what is there, singly or combined, in these substances which could possess the power "to will, to act, to think?" That they are composed of matter is proved by the fact that they can act only as they are acted on. For you may mix them all in the proper proportion, yet you cannot form organized brain substance; but were it possible to accomplish this feat, can we think for a moment that it could be made to perform the act of cerebration? No; for it would lack the presence of that capacity, that force, that something *not matter*, which vitalizes and controls it. Just as a stream of oxygen and hydrogen gas, though they have a strong affinity for each other, may be mingled with impunity, but the mere presence of a piece of platinum sponge will cause them to combine, though the platinum is not changed in the slightest degree. This something encased in matter is the platinum for our body, and so long as it remains and the chemical elements are supplied, just so long does it perform its katalytic office, and the force thus generated acts as the motor for our various vital processes. It is true, that under certain circumstances we can take the human machine after the katalytic, entity has taken its flight, and by inducing artificial respiration molecular life will remain for a limited time; but this result is obtained by the exercise of an external, as before it was due to an internal, force; both generated, however, in the same way. But that something, created for it, that we call life, can never be recalled, the somatic death removed, or the once intelligent being be made to respond in this world to inquiries. In volition, if it be regarded as the effect of chemical action, the same quantity produces results as different as the school-girl's musical composition and the masterpiece of a Mozart, a Raphael's conception of the Madonna and the daub of a sign painter. No quantity or quality of brain-matter ever generates a true idea, or a false one. Matter does not think, it does not feel; and how an impression upon the periphery of a nerve becomes transformed into a *sensation* is, as Professor Huxley remarks, utterly unknown to us; and still more obscure is the character of self-conscious intellection.

Finally, as materialism is the study of matter and its properties, it is essential for a materialist to be a chemist as well as a physiologist, in order to investigate the subject intelligently; yet how few of the members of this school possess these necessary requirements? Chemistry informs us that everything in nature, whether simple or compound, depends for what it is, upon that which is not. It shows us, among a host of other things, that $C_4H_8O_2$, with the atoms grouped differently, produces the disagreeable smell of rancid butter and the agreeable odor of ripe apples; $C_6H_5O_6$, for like reasons, forms the different bodies, sugar, starch, and wood; but the force that grouped them remains an unknown factor. It answers the question, What is the quantity, quality, arrangement and the mechanism of the atoms which give form to animals and plants from conception to maturity and death? but it is utterly unable to explain why, what or whence came that mysterious microscopic atom of energy, the presence of which gave birth alike to the giant oak, the modest blade of grass, the huge mastodon and the infinitisimal infusoria. It speaks to us of design in language not to be misunderstood, when it shows that every organic and inorganic substance is composed of an undeviating combination of atoms held together by a force not inherent in any one or the combination; for if we reduce an organic substance to its ultimate atoms, collect the oxygen, hydrogen, carbon, nitrogen, etc., we are incapable of putting them together again because we cannot generate the life-force which originated it. Chemistry tells us the composition of common salt, but it cannot explain why this healthful compound is formed by the union of two deadly poisons. The physiologist has located memory and the receptive points in the brain of man and that stimulus which induces many of his volitional acts, but what it is that retains and reproduces—that wills—it cannot solve. Physiology furnishes the proof that growth and decay, waste and repair, are simply the chemical processes of secretion and excretion, or an endosmotic and exosmotic action; but how the atoms should be so grouped as to form a microscopic thread of matter containing all the necessary foundation stones upon which to build a little image of the animal within whom it was deposited, with all its varied and intricate organs, is a physiological enigma, nor have we any data for speculating as to its origin. It has demonstrated that the function of the nervous system is to associate the different parts of the body; and it informed us as to the interval of time between the application of stimulus to one organ and the excitation of activity in another; but it is arrested when it attempts to explain what it is that appreciates the character of the impressions received.

Therefore we reason: if the faculties of memory, gratitude, love, hate and pride, the power of self-control, of looking into the future as well as the past, of reasoning from cause to effect, is simply the effect of chemical combinations, then the same physiological properties of the hemispheres of the brain in man should be reproduced in the lower animals, as

well as in all organic substances where this same process is constantly at work, and upon which their growth and existence depends. But the absurdity of such reasoning is shown when we see that, although the chemist has determined, with the utmost accuracy, of what elements the proximate constituents of plants are composed, and by what proportions by weight, he has never yet succeeded in reconstructing these constituents from their elements. We cannot imitate, by art, the workings of nature in living plants as we can do most perfectly in inorganic chemistry. Certain it is that if the act of volition is due to molecular life, then as this does not cease at the moment of death, but can be maintained for a limited time thereafter, then while the cause remains the same effect should manifest itself, but the fact that with somatic death they cease, proves that it is not consequent on or dependent upon chemical change, but is distinct from it; in other words, it is dependent upon some departed superior force or cause. Thus we have traveled over a scientific path to say what the mind is not; what it is in its essence, will ever remain, in this world, a mystery. We also see that the materialist is encompassed with fears and doubts unknown to the Christian; and if, as Hæckel claims, "the theory of the creation is a blind belief," how much more so is that of materialism, "the scientific theory of evolution;" in the former we follow a bright ray of light, while the latter is impenetrable darkness.

In conclusion, then, we know that the organic portion of all living organisms is formed by chemical combinations, induced by a katalytic something, and governed by certain immutable laws by which the atoms of matter are so arranged as to give the distinctive form and size in accordance with the microscopic foundation of the sperm model deposited in its proper creative receptacle. We know that chemical combinations do not, nor can they be made to, give origin to life in any of its phases; and, therefore, in accordance with an axiom in reasoning, we conclude that this must *always* have been the case, and as matter cannot bestow upon its combinations that which it does not possess, that organic life must be consequent on and dependent upon that which gave it birth—something not matter; hence the materialist should change his name as well as his field, for he must exclude matter in his search for psychical properties and action.

We must all admit that the celebrated atheist and scientist, Du Bois-Reymond, was right when he said: "With regard to the enigma of the physical world, the investigator of nature has long been wont to utter his 'Ignoramus' (we know not) with manly resignation. . . . As regards the enigma of what matter and force are, and how they are to be conceived, he must resign himself once for all to the far more difficult confession—'Ignorabimus' (we shall never know)." We may not be able to give at once an intelligent explanation of all the physical phenomena coming under observation, but we have reason to believe that in the future, as in the past, a solution will be found.

ADDRESS IN MEDICINE DELIVERED BEFORE THE NEBRASKA STATE MEDICAL SOCIETY, MAY, 1885.

BY ALFRED SHIPMAN, M.D.,

OF PLATTSMOUTH, NEB.

The successful treatment of the various diseases which afflict mankind is based upon sound conception of pathology, while pathology has for its basis an absolutely correct knowledge of physiology. In the formation of pathology, physiology is indispensable. In order to reach a correct diagnosis we must have a correct system of pathology. Were the physiological conditions and principles always clearly known and understood, our system of pathology might approach perfection, but physiology is not an exact science, perhaps never will be. Absolute knowledge in regard to all and every physiological state and condition may never be attained. Physiology may be said to be one of the least mature, because one of the most complex of the sciences. Therefore our pathology may remain defective, and if so, the practice of medicine will continue to be an imperfect art, medicine will continue to be a progressive but not an exact science.

I am one who believes that medicine is a progressive science, and that in many of its departments it already approaches a precision scarcely realized by many practitioners. Contrasting the difference in the practice of to-day with the practice current even twenty-five years ago, and who will say no advance has been attained. Reduce the time to a review of the progress made during the past society year, and even during this short period the accumulation of material for consideration covers such a vast field of thought that to properly present the same for your consideration in the short space of time allotted to us becomes an impossibility. I am free to say that there is a fashion among many of regarding change of any kind, progress. A simple change in the manner of treating a particular disease is not always evidence of medical progress. We sometimes follow false lights, but not for any great length of time.

Actual improvements, and progress in medical practice are the result of careful research. Patient investigation, careful physiological research, and abundant experimentation furnish the ground work for all forms of advancement in our art. The over confident assertion of one man may prove nothing, but the co-joined experience of many physicians may establish a principle in practice. From that day when the fathers in medicine began to record their experience and relate their plans of treatment, down to this, our day, medicine has been progressive. Although it may not take the recorded experience of thousands to establish a period in practice, yet it is necessary for each individual member of the profession to give voice to his convictions in order that what little knowledge he may have gleaned may become useful to the profession at large.

It is the duty of every physician to patiently, persistently, and scientifically investigate those diseases he is called upon to treat. In no other way can he

become a competent practitioner, and in no other way can he so well promote the best interests of his patients, himself, and the profession. Actual progress in medicine is necessarily slow. All the numerous theories advanced must be patiently investigated. Investigation must be made in more than one direction. After discovering the etiology of disease, we must master its therapeutics. Theories may be worked out in the pathological laboratory, but these theories must be proven by clinical demonstrations before they can be accepted by intelligent physicians.

During the past few years investigations in the department of etiology have been interesting and very instructive, but perhaps not as profitable as they might have been had more attention been given to clinical observations. It has been said, and the statement still holds good, "that the place to study disease intelligently is at the bedside." Persistent investigation in the biology of germs has certainly yielded some important results, and leading members of the profession now admit that micro-organisms are the exciting cause of numerous diseases. It is quite generally admitted that diphtheria, scarlatina, rubeola, and tuberculosis are germ diseases, while Koch's comma bacillus presents admirable claims for recognition as the one and only factor in the production of Asiatic cholera.

The investigations of Koch in relation to cholera have thrown light in dark places, and it is thought that he has established some facts. He asserts, and has apparently proven, that a certain parasite is present in all cases of true cholera. Specimens of his cholera bacillus have been exhibited to several local medical societies, and converts to his ætiological views are numerous and influential. Investigations conducted by Pasteur, Koch, Cohn, Klebs, Wood, Formad, and others have been conducted principally with the view of proving or disproving the presence of micro-organisms in certain diseases, and the revelations of the microscope have added much to our knowledge of the apparent cause of many individual diseases.

The uniformity with which certain parasites are found in connection with certain pathological conditions clearly establishes the fact that these germs are either the exciting cause of the disease existing, or else are a product of diseased action.

It may be said that the profession is divided in opinion regarding the influence of germs in producing diseases. But it is a fact that a great number, a vast majority, are favorable to the view that the multiplication of infinitesimal parasites is the cause of nearly all the so-called zymotic diseases. The idea that a specific poison may be a living organism is certainly in accordance with common sense at least. It will be of little value, however, for our microscopists to hunt up these parasites, unless we can have more accurate more definite clinical observations, and thereby acquire more positive knowledge as to their pathogenetic value. It may be said that although the theory of Koch in regard to the cause of Asiatic cholera, has received the endorsement of many leading men in the profession, we should understand that further investigation is necessary before we can declare that the comma bacillus is the sole cause of cholera.

Some doubt is thrown around the assertion of Koch and others from the fact that no clinical proof is forthcoming. Although the comma bacillus has been inhaled, swallowed, and injected it is said not a single case of cholera has been produced; probably, we should remember, because the pathological state or condition upon which development of the disease to a certain extent depends was not present in those upon whom experiments were made. The production of a single case of cholera from the immediate introduction of the comma bacillus, would do more to establish Koch's claims than would the assertions of ten thousand men unsupported by clinical proof.

In medicine we do need more facts and less theory. We also need more exact observations of clinical and therapeutical facts. The rank and file of the profession should not be dazzled or confused by the brilliancy appearing in the investigations of a Pasteur or a Koch; it should not accept, without question, their opinions in regard to any supposed discovery which is unsupported by any clinical proof. It appears to me that humbler members of the profession are losing interest in clinical observation, and delegating investigations entirely to that enterprising branch of the profession represented by the microscopist. We cannot investigate disease intelligently with the microscope alone; it is true that this instrument has given us much valuable information, but the time has not yet arrived when we can diagnosticate disease by it alone. The profession should not lose sight of the examples of clinical work given us by Trousseau, Watson, Flint, Roberts, Da Costa, and other safe guides in medicine. Neither should any of us abandon our efforts to solve the problem of diseased action by close and accurate observation at the bedside. The needs of more accurate bedside investigation of disease was never more apparent than it is to-day.

The promulgation of what we call the germ theory of disease needs closer investigation, not only further microscopic test, but more careful experimentation. Undoubtedly we are on the eve of an important epoch in medical advancement Especially is this the case in regard to a class of diseases which the profession have long regarded as being caused by some special infection. Is there a special infinitesimal parasite, one kind of which originates cholera, another diphtheria, and so on? Is there a particular organism for each one of the zymotic diseases, or are these germs simply one of the morbid elements in the pathological condition present?

It would add much to the credit of our profession, if this perplexing question of the part that micro-organisms play in the production of disease could be settled at once. But it is not given to man to know all things, and it is probably a fact that the more deeply we enter into the invisible constitution of matter, the more confusing the problem will become. For example, it is impossible to recognize some of these micro-organisms with our highest magnifying power, unless they are first passed through a staining process. The manipulation necessary in the hunt

after these germs certainly requires the exercise of great, or exceptional skill, and the possibility of error is present in every examination. Nevertheless, although a positive indisputable demonstration in regard to germ influence may be impossible at this time, there may, happily, be further clinical proof forthcoming.

Koch's theory of special infection is born out in the past history of cholera, and therefore, his investigations have given us still stronger ground for our former belief in the especially infectious nature of this disease, has furnished more evidence that the infectious matter is propagated from the excreta of the patient, and strengthens the belief that prevention through thorough disinfection is possible. The evidence in favor of the theory that cholera, diphtheria, scarlatina, variola, rubeola, and in fact all of the so-called zymotic diseases are caused by micro-organisms is rapidly increasing. The literature of germs is becoming voluminous, and extremely interesting. In a recent letter to your Chairman, that eminent teacher, Roberts Bartholow, makes use of the following language: "The battle of the bacilli is still raging with the odds in favor of Koch's comma bacillus. Klein, of London, a pupil of Stricker, of Vienna, denies the agency of the comma bacillus in causing cholera. It is alleged on the one hand that in a few instances cholera has been induced by the culture of the comma bacillus, and on the other hand Klein swallowed some without any effect. As Koch represents the Berlin school and Klein the Vienna, an agreement of views is not probable. If in any instance it is found that Koch's comma bacillus induces a cholera paroxysm his position is proved, for any number of negative facts cannot overcome one positive fact. As yet the evidence in favor of the comma bacillus is not sufficient to decide the question, but there is an increasing probability in favor of the view of its pathogenetic value."

In regard to Dr. Klein's opposition to Koch's theory, I would say that he has practically abandoned his views formerly expressed, and very recently made the following statement: "While the comma bacillus, in and of itself, is harmless, yet it does produce a virus which causes cholera." Speaking of the bacillus tuberculosis, the veteran Professor Austin Flint says: "The presence of a parasite in tuberculosis has been demonstrated. The great preponderance of evidence is in favor of the view that it is uniformly present in product recognized to be tuberculous. The conclusion which he reached was, that there was some essential connection between the presence of the parasite and the tuberculous disease; believes other causes may coöperate in the product of tubercle. But the presence of the specific parasite is essential." It will be noticed that this is a modification of the opinion expressed by Prof. Flint something over a year ago, and may be said to embody the prevailing opinion of a majority of the profession in regard to tubercle bacilli.

In the department of Special Therapeutics we have to notice the increasing tendency to hunt after specifics. In the opinion of some this practice is condemned; we think rather it should be commended. This restlessness in regard to and desire for improvement in our materia medica has been productive of much good. It has given us, I might say, nearly all our valuable remedies, and among them the last, but not the least, is the pain-destroying cocaine, which latter remedy, although yet an infant, promises to speedily become a giant power for the relief of pain. A great effort toward more efficient therapeutical management of disease characterizes the work of the profession during the past year, and undoubted advancement has been attained.

The many revelations of the microscope have greatly added to our knowledge of the etiology of certain diseases, and have had the effect of remodeling our therapeutics to a certain extent. We all know that a belief in the germ doctrine has been productive of clean surgery, and thereby the saving of thousands of lives annually. That the use of antiseptics has made successful life-saving operations that were formerly impracticable. The great principle in antiseptic surgery is the exclusion of micro-organisms, and therefore may mean simply perfect cleanliness. Thorough preventive medication is the principle involved, and implies the use of germicide remedies, the most popular of such remedies at the present time being the bi-chl. mercury. How well germicides have served surgery any good surgeon can tell you. How much anti-germ remedies may do in preventing or controlling disease, is yet a subject for further consideration and experimentation.

While it is well known that we have but few remedies that should be regarded as specifics in any particular disease, we do know that so far as the destruction of infectious matter is concerned, we have remedies within the reach of all. When the same rules of cleanliness surround our patients suffering with a zymotic disease, as surround the patient of a Lister, then, and not till then, may we know what the practice of strict antisepticism may do for suffering humanity. It is true that all recognized that there was some necessity for cleanliness before the germ doctrine was advocated, but its promulgation has led to widespread knowledge in regard to the origin of many diseases, and never before were whole communities so well versed in the knowledge necessary to the prevention of what are now known to be preventable diseases—to prevent the occurrence is better than to cure a disease.

In the great advance in Sanitary Science, shines forth the grandeur of the work done by such investigators as Koch, and such experimenters as Lister. And now, what lessons may be learned from the investigations already made in the biology of germs? We may say that the idea of life in its simplest acceptation is that of vital activity. The increase of life of one particular form or sort may undoubtedly be destructive to life in other forms. The multiplication of organisms under certain conditions may, and probably does, give rise to the development of certain pathological conditions. What the laws of nature may be in regard to the development of infinitesimal organisms can only be learned through patient microscopic investigation. What the effect of the multiplication within our bodies of these micro-

organisms is, can only be learned by the most careful, painstaking clinical observations.

I think that we are now able to understand more fully that the history of life is a contention amid its various forms, and that all life, be it of whatever sort, has associated relations, and that these relations are of an important character. We may now believe that some facts have been presented which lead us to realize that further investigation may give a bright light upon the pathway of pathological knowledge; that another milestone has been set upon that crooked pathway that will eventually lead mankind up the hill of science to a perfected system of pathology; and that with better knowledge in regard to all the various forms of life, our physiology will be greatly improved, our pathology approach perfection, and medicine finally become an exact science. In order to assist in bringing about this happy consummation, it is necessary for us all to continue to observe and work.

MEDICAL PROGRESS.

MATERIA MEDICA AND THERAPEUTICS.

URETHANE AS A HYPNOTIC.—DR. VON JAKSCH *(Wein. med. Bl.; Dtsch. Med.-Ztg.)* describes urethane as the ethyl ether of carbamic acid, $NH_2CO_2C_2H_5$, a white, crystalline body, readily soluble in water, odorless, and tasting like saltpetre. In doses of from four to fifteen grains, it acts as a hypnotic, affecting the brain, without notably influencing the peripheral sensory apparatus; hence it is not an anodyne. Over all other pure hypnotics, however, it seems to have these advantages: It is very well borne; it causes absolutely no complicating effects; and the sleep it produces resembles natural sleep in every respect. The author thinks it will prove particularly serviceable among children and in cases of delirium tremens and mania.—*N. Y. Med. Jour.*, Oct. 3, 1885.

LANTANINE AS A FEBRIFUGE.—This alkaloid, extracted by Negrete from the verbenaceous plant *Lantana brasiliensis*, is recommended by DR. E. BUIZA, of Lima *(Nouveaux Remèdes)*, as a substitute for quinine. It retards the circulation and lowers the temperature, and is tolerated by the most delicate stomachs. Intermittents that have proved rebellious to quinine have yielded to thirty grains of lantanine. As an antipyretic, it is given in doses of a grain and a half, from ten to twenty of which are administered in twenty-four hours. For intermittent fever, it should be given immediately after a paroxysm, and in ninetv-five cases out of a hundred the next paroxysm will not appear.—*N. Y. Med. Jour.*, Oct. 3, 1885.

MEDICINE.

A CASE OF CHRONIC PARENCHYMATOUS NEPHRITIS CURED BY THE SUBCUTANEOUS INJECTION OF PILOCARPINE.—DR. J. LAZARUS reports a case of chronic parenchymatous nephritis cured by hypodermatic injections of pilocarpine. The patient, when first seen by Dr. Lazarus, May 11th, had been ill several months, and his entire body was swollen and shapeless. The legs, belly, and scrotum were enormously distended, and the last was attacked by superficial gangrene. Both buttocks, both thighs, and both legs, as well as both feet, were the seat of pus-discharging ulcers, due to phlegmonous inflammation of the subcutaneous cellular tissue. A bedsore in the sacral region added to the pain and discomfort of the patient. Great difficulty in breathing was also experienced, and profuse diarrhœa was present. The urine was scanty, and had a specific gravity of 1040, and in consequence of the great amount of suspended material, composed of epithelial scales, detritus, etc., was cloudy, and even before the boiling point was reached was converted into a stiff jelly.

On inquiry it was learned that the present condition began entirely unnoticed, and that in February the swelling of his feet led him first to seek professional advice. Continuing his employment until April, he was at last compelled to remain in bed, owing to the increased swelling of his feet, and to extreme weakness, and to subject himself to systematic treatment.

Treatment consisted in the employment of hot baths and in the medication generally employed in the treatment of Bright's disease, but no improvement resulted. Dr. Lazarus at once determined to resort to the hypodermatic use of pilocarpin. Previous to the administration of the drug, a small quantity of brandy was given to support the heart, and followed by the injection into the thigh of one-third of a Pravaz's syringeful of the following:

℞.—Pilocarpin. muriat ..... gr. iss
Aquæ dist. ..... f ℥iiss.

The patient at once began to perspire abundantly, and for six hours was continuously bathed in perspiration; at the same time abundant salivary discharge was excited, amounting the first day after the injection to fully a quart.

The only unfavorable symptoms noted subsequent to the administration of the drug, were repeated vomiting and difficulty in swallowing. Brandy in quantities of a teaspoonful was administered two or three times hourly, and no symptoms of collapse were manifested. The second day a half syringeful of the same solution was injected, the third day two-thirds, and the fourth day a whole syringeful, and for three weeks subsequently a like quantity was injected into each thigh alternately.

The quantity of urine increased under the treatment from eleven ounces per diem, having a specific gravity of 1040 at the time of the first injection, to more than two quarts, with a specific gravity of 1002 at the twentieth injection. With the twentieth injection the dropsy had entirely disappeared, and the extreme emaciation of the patient became apparent. In the region of both trochanters, on the outer side of each thigh, as well as upon the outer side of the legs, there were large purse-like expansions of the cutis, due to phlegmonous inflammation in the subcutaneous cellular tissue, fluctuating and painful on movement.

Believing that the small quantity of albumen still persisting in the urine, and the feverish condition of

the patient, were a result of these purulent collections, Dr. Lazarus opened the pouches at brief intervals, and treated them antiseptically with iodoform gauze and drainage; they rapidly healed, as did also the bedsore and superficial gangrene of the scrotum. At the same time the secretion of urine rapidly increased, so that the quantity passed exceeded the normal, reaching three to four quarts daily. The cicatrization of the last suppurating cavity was followed by the entire disappearance of albumen from the urine. The patient was finally subjected to further treatment by hot baths, and daily increased in strength, his health finally becoming entirely restored. —*Wiener med. Presse*, August 2, 1885.—*Medical News*, September 26, 1885.

ARSENIC IN LYMPHADENOMA. — DR. STEPHEN MONCKTON reports the following interesting case showing the value of arsenic in lymphadenoma:

During the first week of March, 1885, J. G., aged 57, married, of sober and healthy antecedents, presented himself to me as an out-patient at the West Kent General Hospital. As I had known him before, it could be seen at once that he was thin and sickly. At first, no definite complaint on his part could be elicited, but mention was made of a swelling in the armpit. This led to his being completely stripped, when a considerable bunch of enlarged glands was seen at once above each collar-bone, in each armpit, and in each groin. He did not think they could have existed more than six or eight weeks, but this was doubtful. Our district meeting was to come off at the hospital on March 27. I persuaded him to come for exhibition, and he was willing enough to do so; on that occasion, being again stripped, he was examined by twenty or thirty medical friends. The gland-bunches stood out even bigger; in average bulk, they may be spoken of as a large handful each.

At the same meeting, our attention was called to a new form of pill-preparation carried out at Hamburg, the principle being to invest the drug in keratin, or horn-gelatine, in such a way as to render the pill insoluble in the acid fluids of the stomach, while it becomes readily dissolved in the alkaline contents of the upper bowel. It occurred to me that the delayed solution ought to be advantageous when applied in the case of arsenic, and also that arsenic was the most hopeful remedy for the patient with lymphadenoma. I procured a supply of the pills through the firm of Bell & Co., Oxford Street, each pill being stated to contain one-thirteenth of a grain of arsenious acid. The pills were commenced about the 4th or 5th of April, and continued, one thrice daily, till June 4. No disturbance of any sort resulted; he came once a week to the hospital, declared that he was being cured, and to my eyes, and to those of a colleague and the house-surgeon, it was certain that every bunch of glands steadily and considerably diminished.

On June 4 he came, a stricken and altered man, having been seized forty-eight hours before with pleuro-pneumonia, then fatally rife. He was sent back to the care of his country medical man, and died within a fortnight. That gentleman remarks that, at the last, the bunches of glands had almost disappeared.

Whether the fatal attack was an accidental episode, or whether it was based on intra-thoracic glandular mischief, cannot be known. Whether, if he had escaped the pulmonary attack, the original disease would have continued to yield constitutionally and locally, is equally uncertain.

I ask the publication of this case on two grounds alone: first, because in no other case in my life did I ever see lymphadenomatous masses diminish under any treatment whatever; and, second, because, as two or three other recent cases have also done, it illustrates the tolerance of arsenic which this special mode of treatment seems to confer.—*British Med. Journ.*, Sept. 26, 1885.

ANTIPYRIN IN HECTIC FEVER.—At the meeting of the Cambridge Medical Society, on August 7, DR. MACALISTER gave an account of the nature and uses of this drug, and showed the temperature-charts of two patients recently treated in Addenbrooke's Hospital. Both suffered from phthisis, apparently limited to the apices of the lungs. In one case, that of a man, aged 25, hectic fever appeared; the morning temperature was 98°, the evening temperature 102.° Antipyrin in fifteen-grain doses, administered twice in the course of the afternoon, promptly reduced the range of daily oscillation to 1°, about the normal temperature. An omission of the drug was followed by recurrence of the hectic, but again the temperature fell, and was maintained low by five-grain doses given thrice a day. At the same time, the patient became more comfortable and slept better; some tendency to sweating was checked by minim-doses of liquor-atropiæ sulphatis. The other case, that of a woman, aged 44, with still more urgent symptoms, and a temperature ranging from 98° to 103°, was treated in a similar way, with equally good results. In neither patient was any rash or marked nausea produced, and both were in a little more than a fortnight so much better that they were transferred to the out-patient department. Dr. MacAlister thought that, in many cases in which fever was a symptom, it was sound practice to attempt to reduce the temperature for its own sake. Antipyrin, of all the antipyretics he had tried, seemed to be the most powerful with the fewest disadvantages.—*British Med. Journ.*, Sept. 26, 1885.

FRIEDRICHSHALL WATER IN HABITUAL CONSTIPATION.—DR. WILLIAM MURRELL, in a note on this subject, says: Friedrichshall has a special constitution, which secures to it marked preference over the ordinary sulphate of magnesia waters. Its special advantages are probably largely due to its combination of chlorides with sulphates. It is not merely a saline aperient, but it has valuable properties in influencing tissue-change and promoting excretion of uric acid. Its use is attended with excellent results is cases of congestions of the liver and kidney, as a corrective of the digestion, and as what may be familiarly described as a tonic-aperient.—*Brit. Med. Journal*, Sept, 19, 1885.

THE
Journal of the American Medical Association.
PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, OCTOBER 24, 1885.

THE NINTH INTERNATIONAL MEDICAL CONGRESS.

Since the meeting of the Committee of Arrangements in New York, Sept. 3 and 4, and the final adoption of the Rules regulating the membership and business of the Congress, and the transference of its future management under the Rules adopted, to an Executive Committee of the Congress itself, the expressions of approval in the medical press have been multiplying, and the general feeling of increased confidence in the success of the Congress is apparent throughout the profession. The *Medical Times* and *College and Clinical Record*, of Philadelphia; the *New England Medical Monthly; Gaillard's Medical Journal* and the *Sanitarian*, of New York; the *Journal and Examiner*, of Chicago; the *Detroit Lancet;* the *Medical Herald*, of Louisville; the *Courier-Record of Medicine;* the *Southern Practitioner*, of Nashville; *Daniel's Texas Medical Journal*, the *Southern Dental Journal*, and others, have given the most decided expressions of approval of the Rules adopted and of the present Preliminary Organization of the Congress. We quote the following from the editorial in the *Philadelphia Medical Times* as fitly representing the sentiments of all the journals named: "The list of appointments and nominations with Dr. Austin Flint at the head, is one which, we think, will meet with the endorsement of the profession generally. It is seen that when the time for final action came, the members of the Committee, rising to the responsibility resting upon them, acted with marked discretion, good judgment, and an evident desire to discharge faithfully and impartially the duty for which they were appointed. . . . . It is hoped, the way being now open for harmonious coöperation, that all may unite in striving to secure the success of the Congress, the prospects for which are brighter at present than they have been since the invitation to meet in 1887 in Washington was accepted."

At the quarterly meeting of the Cumberland County, Pa., Medical Society held Oct. 6, the following resolution was unanimously adopted: "*Resolved*, That this Society endorse the action of the Committee appointed by the American Medical Association, in relation to the International Medical Congress to be held in the City of Washington, D. C., in 1887."

We have assurances from several of those whose names have been heretofore announced as withdrawing from all active participation in the Congress "as now (formerly) proposed to be organized," that they are entirely satisfied with the present Rules and organization, and will personally aid in promoting the success of the Congress. Not only is there thus a much improved feeling at home, but there is evidence of a better understanding of the affairs of the Congress in, at least, some of the journals of Great Britain. The *London Lancet*, of October 3, has an editorial decidedly opposing any attempt to withdraw the Congress from this country, and expressing much confidence in its entire success at the appointed time in Washington, and the *Provincial Medical Journal* has much more in the same direction.

In the midst of these general indications of satisfactory progress, it is amusing to witness the progress of that trio of chronic grumblers, the *Philadelphia Medical News*, the *New York Medical Journal*, and the *Medical Record*. Being no longer able to find any fault with either the Rules or the *personnel* of the present Preliminary Organization of the Congress, they have suddenly become much concerned for the honor and dignity of the American Medical Association, on account of an alleged declaration of independence on the part of the Executive Committee of the Congress; and they affect to wonder why the Original Committee on Organization did not take the same easy method to free itself from the authority of the Association. Their anxiety in this direction, however, is entirely unnecessary. The Committee of Arrangements appointed by the American Medical Association, in compliance with the instructions of the Association, has revised the Rules previously adopted, completed the general Preliminary Organization of the Congress on a basis fairly representing the profession of the United States, including an able Executive Committee, and transferred all the further management of the proposed Congress to such Committee. Having thus completed the work for which

it was appointed, without any signs of rebellion or resolution of independence, that Committee remains ready to render an account of its stewardship at the next meeting of the Association and receive any further instructions that body may see fit to give. But the Executive Committee of the Congress, composed of other men entirely, in accepting the important and responsible positions and duties assigned to them by the Committee of Arrangements, accompanied their acceptance with the condition that their actions, while made in obedience to the Rules of Organization, should not be subject to revision by any other organization; a condition neither inappropriate nor in any degree disrespectful to the American Medical Asssociation, or its Committee of Arrangements. The reason why the Executive Committee of the first Preliminary Organization could not make the same condition or declaration, was because it had been so largely made up of the same individuals as the Committee by which it was appointed that the *personnel* of the Executive Committee of the Congress and that of the Committee on Organization created by the Association, were the same—one and inseparable. Consequently, when the Association exercised its right to re-model the Committee on Organization, it disturbed the whole machinery. On the other hand, the present Committee of Arrangements, notwithstanding all the accusations of selfishness and personal ambition heaped upon its members by this same trio of journals, has been patriotic and wise enough to avoid all self-appointments to office, and to give to the Ninth International Medical Congress an independent and self-sustaining Preliminary Organization, guided only by Rules sufficiently liberal to allow that freedom of executive action which is necessary to ensure success.

OERTEL'S TREATMENT OF DISORDERS OF THE CIRCULATION.

Within the last year a medical work has appeared in Germany, which has met with such a demand from both the profession and the laity, that a second edition has been issued. The work is of interest to the public mainly, we presume, because it sets forth the author's method of reducing superfluous fat; to the medical man because of its original, and as it would seem highly effective treatment of disorders of the circulatory and respiratory apparatus. So far as we are able to ascertain the work has not yet appeared in this country, either in the original or in translation. However, the *Berliner klinische Wochenschrift*, No. 33, 1885, contains a digest of its salient points, and for the sake of our readers, we propose to recapitulate a few of its main features.

The work in question is by M. J. OERTEL, of Munich, and is entitled "Therapie der Kreislaufs-störungen, Kraftabnahme des Herzmuskels, Ungenügender Compensationen bei Herzfehlern, Fettherz und Fettsucht, Veränderungen im Lungenkreislauf, etc." The object to be gained by the author's therapeutic measures is the removal or amelioration of the various symptoms which depend primarily upon disorders of the circulatory and respiratory organs, such as cardiac debility, fatty heart, general obesity, valvular disease of the left side of the heart, and impediment from any cause to the pulmonary circulation. These symptoms, such as dyspnœa, sweating, scanty urination with albuminuria, cardiac palpitations with a sense of oppression, hæmorrhagic spots upon the extremities, œdemata, etc., result directly from loss of the normal equilibrium of the circulating fluids; that is, venous plethora on the one hand, and arterial depletion on the other. Death results, in such cases, when not from apoplexy or intercurrent affections, either from secondary disease of the kidneys and dropsy, or from cardiac paralysis. This last again, is the consequence of organic lesions, fatty infiltration or degeneration, atrophy, etc., or, if the cardiac muscle be healthy, it is the result of exhaustion of the heart or of paralysis of its nerve-apparatus from overdistension of its cavities with blood.

An opportunity was given Dr. Oertel to test his skill in the person of a physician who had been hump-backed since childhood. Of late the embarrassment to the circulation and respiration, occasioned by the deformity, had greatly increased, in consequence, the author thinks, of corpulence and the habit recently formed of taking about seven times as much liquid into his system as had been his wont. This additional burden, the already hypertrophied heart was unable to sustain and dangerous symptoms followed. The indication then was to reduce the bulk of fluid in the system as well as the superfluous fat. Bloodletting was inadmissable, since it would result in hydræmia; and as the kidneys were in a state of chronic hyperæmia, the water had to be eliminated by the skin and lungs. Accordingly careful experiments were instituted to ascertain the most effective mode of accomplishing this. Accurate measurements showed that the greatest amount of water was eliminated, first, during mountain climbing; secondly, though not constantly, after hypodermic injections of pylocarpine; thirdly, by hot-air baths, and lastly by steam baths. In this way a man of 165 pounds in

weight, could be made to lose from a tenth to a fifth of the entire weight of his bodily fluids. At the same time of course a minimum supply of liquid nourishment should be injected, care being exercised that the urine voided, be sufficient in quantity to hold its solid ingredients in solution.

A second indication was to get rid of superfluous fat. This was to be attained by appropriate diet and mode of life. In attempts of this kind the author lays down the principle that care must be exercised to determine whether or not the heart be fatty, since upon its condition must depend the dietary. If the heart be sound, Oertel restricts the daily allowance of food to at least 156 grammes of albumen, forty-three of fat, and 114 of hydrocarbons. If owing to sluggish pulmonary circulation, from any cause, the oxygenation of the blood is inadequate to the consumption of the amount of these carbohydrates, they must be cut down to about twenty-five grammes of fat and seventy of the sugar and starches, while the albumen is increased to 170 grammes *per diem*. In order to facilitate the digestion of so large a quantity of albuminous food, by keeping the digestive fluids as concentrated as possible, he allows no liquid to be taken with the meal and not until an hour and a half subsequently. Furthermore, he found by experiment, that where restricted diet is inadmissible, the fat of the body can be reduced by the amount of water injested. The effect, he thinks, is to invigorate and accelerate the circulation, and to cause the obliteration of vessels supplying the adipose tissue; its nutrition being thus abolished and its elements absorbed. By a series of careful experiments he ascertained the comparative amounts of urine voided and water consumed, aud found that, even if the latter be very limited, the former is largely in excess. Contrary to other experimenters he also ascertained that the white of eggs eaten in large quantities does not appear in the urine. Next he tried the effect of mountain climbing in restoring the equilibrium between the venous and arterial systems, believing venous stasis would be overcome by muscular contractions and the increased suction force of the thoracic viscera, on the one hand, while on the other, the pulmonary circuit would be more completely emptied and the arterial system better filled.

By means of Von Basch's sphygmomanometer, Sommerbrodt's sphygmograph and two self-registering thermometers, one in the mouth, the other in the axilla, he discovered that in mountain climbing the blood-pressure is at first augmented; soon followed by diminution of the arterial tension and dilatation of the vessels, which effect is perceptible as late as the following day. Owing to the muscular activity, the generation and elimination of bodily heat are increased, thus favoring a more active tissue metamorphosis. The depletion of the venous system is furthermore promoted by the excessive elimination of water by skin and lungs. Observations upon thirty-five perfectly healthy individuals showed but in one instance under the effect of climbing, traces of serum-albumen, and in two, traces of hemi-albumen in the urine. The effect of preëxisting albuminuria was not noted. Oertel is of the theoretic opinion that climbing would exert a beneficial influence upon a heart which, although weak, yet possesses no serious organic disease or degeneration of its muscular elements. In such a case as that of the physician already cited, such vigorous exertion might be hazardous, and experience alone could determine the result. He thinks the effect ought to be to develop an advantageous hypertrophy through the augmented force of its contractions, just as exercise develops any other muscle.

The plan of treatment, the principles of which we have necessarily so briefly stated, was tried upon the physician with brilliant results. By methodical and gradually increased mountain climbing, appropriate diet and lessened ingestion of liquids, the venous stasis was relieved, the pulse became full, slow and regular, and the respiration deep and easy. The heart was evidently reinvigorated. The corpulence was lost entirely, but the albuminuria did not wholly disappear until after three years, and the last vestige of dropsy, not until the treatment had been followed for more than two years. In all, Oertel has treated fifty-one cases of disordered circulation after this fashion.

This mode of treatment is one that recommends itself to careful attention, if for no other reason, because it does away with the deleterious effects of the prolonged employment of internal remedies which are but too often powerless. It is therefore highly rational, and the patient and physician alike should be consoled for the length of time necessary for this system of therapeutics by the reflection that a chronic disease requires chronic treatment.

ABDOMINAL AUTO-TRANSFUSION IN ACUTE POST PARTUM CEREBRAL ANÆMIA.

Dr. Robert Koppe, of Moscow (*Centralblatt für Gynäkologie*, No. 38, 1885), narrates the history of an interesting obstetrical case, in which abdominal auto-transfusion was successfully practiced in acute post partum cerebral anæmia. The patient was a primipara, 24 years old. The abdomen was enormously

distended, as the result of twin pregnancy, complicated by pelvic contraction and puerperal endometritis. The first child, presenting by the vertex, was delivered after the performance of craniotomy. The second child, presenting by the breech, was delivered by energetic manual extraction. Although profoundly asphyxiated, the child was resuscitated. The placentæ were normally expelled, and the uterus contracted well without the loss of any considerable quantity of blood.

The labor seemed to have reached a happy ending, when the woman suddenly became pale, and appeared to be on the verge of collapse. No external hæmorrhage was visible, and the uterus was firmly contracted. Rupture of the uterus, with the escape of blood into the peritoneal cavity, could be excluded. Dr. Koppe accordingly concluded that the syncope was caused by the collection of blood in the abdominal venous system. Such an hypothesis was logical. The taut abdominal parietes of a primipara, the excessive distension of the uterine cavity by twin pregnancy and puerperal endometritis, and the contracted pelvis, were factors sufficient to account for an extreme elevation of intra-abdominal pressure. The dilated abdominal venous trunks, suddenly relieved of this pressure by the evacuation of the uterine contents, must have received from the systemic circulation a corresponding quantity of blood. Literally, "an internal hæmorrhage within the system of blood-vessels" had occurred. The cerebral anæmia and collapse were the most striking symptoms of this internal hæmorrhage.

Depression of the head, the exhibition of large quantities of port-wine and cognac in hot tea, had no effect on the woman's condition. On the contrary, the pallor increased, the lips became colorless, and the radial pulse could not be felt. As a last resort, an eider-down pillow was placed upon the abdomen, adapted as a compress, and firmly secured by turns of a roller-bandage around the back and sacrum. At once, the natural color began to return to the skin and mucous membranes, and consciousness was gradually restored. At the expiration of two weeks, the eider-down pillow was exchanged for a tight-fiting abdominal supporter.

Dr. Koppe's method, thus briefly sketched, admits of extensive application. Acute cerebral anæmia frequently supervenes secondarily in shock occurring in child-bed. It is highly probable that primary acute cerebral anæmia is confused with shock. Under these conditions, Dr. Koppe's "monster abdominal tampon" might render efficient service.

Abdominal auto-transfusion may be re-inforced by a method more particularly practiced, at the present time, in the obstetrical clinics of Vienna. We are under the impression that the plan was proposed by Esmarch. After depressing the head of the patient, and elevating her lower extremities, plain, rubber, roller-bandages are applied, commencing at the toes and extending up to the hips. A considerable quantity of blood is thus forced into the blood-vessels of the trunk and upper portions of the body.

SOCIETY PROCEEDINGS.

AMERICAN GYNECOLOGICAL SOCIETY.

Tenth Annual Session, held at Washington, Sept. 22, 23, and 24, 1885.

(*Continued from page 445.*)

TUESDAY, SEPT. 22.—AFTERNOON SESSION.

DR. JOSEPH TABOR JOHNSON, of Washington, reported

FOUR CASES OF OOPHORECTOMY, WITH REMARKS.

Case 1.—Miss M. had suffered severely from chronic oophoritis and menstrual epilepsy. She was at that time 29 years of age, and had suffered for fourteen years. There was constant pain in both ovaries, but most of the suffering was on the left side. For two weeks out of every month she was under the care of an attendant. Her education had been neglected, and she was in an almost beastly condition. She had been under the care of skilful physicians, and almost everything had been tried. Oophorectomy was therefore decided upon, and performed August 17, 1882. Both ovaries and one fallopian tube were removed. For several months she had no periods and no spasms. Gradually her menses returned, and with them the convulsions in milder form. She is now menstruating with more regularity than before the operation.

Case 2.—Miss W., age 21. From being in affluence she had been reduced to the necessity of earning her living. Five years before coming under observation she took a severe cold at the monthly period. Since then she has suffered from chronic ovaritis. She also had leucorrhœa and a displaced uterus, for which she was treated without material benefit. I treated her for three months without benefit, and then removed the ovaries. She made a rapid recovery and has since been free from pain.

Case 3.—Miss S., age 24, had been a great sufferer from dysmenorrhœa and reflex symptoms. She suffered with burning pain in the abdomen and head for ten days preceding menstruation. For several months there had been no flow, but the distressing symptoms continued. Both ovaries and tubes were removed. She made a rapid recovery and continues healthy.

Case 4.—Mrs. ——, age 40, the mother of three children, had suffered with pain in the left ovary for twenty years. She had a lacerated cervix and per-

ineum which had been restored without improving the other symptoms. She had been under treatment for ten years, but was practically bed-ridden for three weeks out of every month. She wished to have the ovaries removed, but I advised her to wait five years longer, until the menopause would accomplish the same result. She, however, insisted on the operation, and I performed it last February. She did well for three days, when vomiting set in and she died exhausted on the sixth day.

The speaker then referred to the great importance of an early diagnosis in such cases in order that the operation might be performed before numerous adhesions had taken place, and before the general condition had become so depressed, referring to the statistics of various operators in confirmation of his statements. He thought that many cases which are now lost from prolonged operations, necessitated on account of the numerous adhesions, might be saved if there were means by which an early diagnosis could be made.

Dr. R. S. Sutton, of Pittsburgh, said that all admitted that a woman with a cystic tumor of the ovary is doomed to death, if the tumor is not removed; but when she is suffering from some disease of the ovary which does not give tangible evidence of its presence, the surgeon has often difficulty in deciding as to the question of operation. It may be that under ether and with bi-manual palpation it is utterly impossible to detect any evidence of disease of the ovaries or tubes, and yet the ovaries may be at the bottom of the trouble. Should the woman be allowed to go on suffering because evidence of a disease that will justify an operation can not be obtained? He remarked that it was better to give the woman the benefit of the doubt and open the abdomen and examine the organs. He did not believe that any one could tell the exact condition of the ovaries before opening the abdomen. He also stated that it has now come to be the practice in obscure conditions in women for which no explanation can be found, and in which it is probable that the ovaries or tubes are at fault, to make an exploratory operation. As a rule exploratory operations are safe. He had yet to open the first abdomen and fail to find disease of the ovaries or tubes. He presented a specimen which he had removed from a woman sent to him for operation for lacerated cervix. There were symptoms which he could not refer to the condition of the cervix. On careful examination he found evidence of disease of the ovaries. He removed both ovaries; one contained a dermoid cyst and the other had undergone cystic degeneration.

Dr. Baker said that this operation opens up a large field of usefulness to the gynæcologist, and of benefit to woman; but there is great danger of the pendulum swinging too far and the operation being performed too frequently. He would not discourage the operation in properly selected cases. An operation which gives such brilliant results in properly selected cases is almost certain to be carried too far. The greater skill shown is in curing these patients without the removal of organs. All will come to a better understanding as to when the operation should be performed and when not, by studying the organ itself very carefully in those cases in which it has been removed. He remarked that in all descriptions of the operation, there should be an accompanying report of the microscopical examination. The question of early diagnosis had been referred to, and this is a matter of the greatest importance. The ovaries and tubes are not the easiest organs to examine. Even where the ovaries are adherent to surrounding tissues it was often extremely difficult to determine this fact. Exploratory operation may be the only way of determining this fact. Where exploratory incision has been made and the organs found healthy, so far as their gross appearance is concerned, he said that they should be put back and the abdomen closed, even if the woman suffers excruciating pain with the menstruation. He believed if the same perseverance and good judgment were manifested in these cases as in others, many of them could be cured without operation. He could not agree with the author of the paper in regard to the increased danger from the presence of adhesions. The only death which he had seen was in a case where there were no adhesions and the operation was performed with ease. In many of the other cases there had been extensive adhesions.

Dr. T. A. Emmett, of New York, remarked that what he had to say was rather in the form of a protest. He was not an advocate of the operation, and he thought that more harm than good had been done by its performance. There are cases where the operation must be done. Where there is salphingitis with the tubes filled with pus the operation is certainly indicated. That the operation should be done, as it frequently is, for the relief of so many symptoms, is, he thought, a reproach on the profession. He could not advocate the opening of the abdomen for the purpose of making a diagnosis. If the diagnosis could not be made beforehand, he did not think it justifiable to run the risk of opening the abdomen. For three years he had been looking for cases in which he considered the operation indicated, and he had seen but two such cases. One was a typical case in which there had been several attacks of peritonitis, following gonorrhœa. He found both tubes as large as his wrist and presenting the twisted appearance described by Tait. The history indicated the existence of pus. He urged an operation, but the patient refused. She was seen by Dr. Thomas, who also recommended an operation. She insisted upon staying in Dr. Emmett's private hospital. He stated that for five months there was no improvement. The treatment consisted of hot water injections, keeping the bowels regular, applications of iodine daily, and attention to the general health. After several months the tubes began to diminish in size, and in the course of a year the accumulation had entirely disappeared and she left the hospital apparently a well woman. The second case was similar. She also refused an operation. She is now no worse, and in some respects better, than she was some years ago.

Dr. Wm. T. Lusk said that great caution must be exercised in the performance of this operation. He

had recently seen a lady who had pelvic inflammation following the use of a stem pessary. There is now thickening of the broad ligaments. She visited a gynæcologist, who advised the removal of the ovaries. He could find no evidence of disease of the ovaries or tubes. In many of the operations which he had seen there had been no evidence of disease in the ovaries or tubes removed. He did not condemn the operation. He had operated in four cases in which there was distinct evidence of disease of the tube, with good success.

DR. H. P. C. WILSON thought that many cases have been operated on which should have been left alone, but there are many cases which nothing but this operation will relieve.

DR. E. W. JENKS was aware of several cases in which the operation had been performed without benefit. Where the ovaries and tubes are diseased, there can be no question as to the propriety of its performance. In many of these cases of so-called hystero-epilepsy, which are often nothing more than hysteria, he considered the removal of the ovaries and the stopping of the prospect of the patient becoming a mother, a positive wrong. He said the exploratory operation was not free from danger, as he knew of four deaths under these circumstances in which no disease of the ovary was found.

DR. T. A. REAMY, of Cincinnati, said one woman was sent to him with dysmenorrhœa and hysterical symptoms, with the request that he should remove the ovaries. It was a well-marked case. Five months' treatment of the cavity of the uterus, with change in her surroundings and general treatment, resulted in entire recovery. He has had several other striking cases. It is the exception to find the ovary healthy in women after the age of forty. He had been making these observations for ten or twelve years.

DR. EMMETT remarked that the operation is sometimes done for dysmenorrhœa. He thought that it should never be done for this condition. He considered dysmenorrhœa a neuralgic condition, the result of anæmia. When the dysmenorrhœa is relieved by operation, it is because the general nutrition is improved by the removal of the ovaries.

DR. SUTTON said he agreed with Dr. Baker that where, in an exploratory operation, the ovaries and tubes are found to be healthy, they should not be disturbed,

DR. M. D. MANN, of Buffalo, said that Dr. Emmett had made the statement that dysmenorrhœa is a neuralgic condition, and is not an indication for the operation. Although it may be neuralgic, he thought that the neuralgic condition may become so firmly established that it can not be relieved without taking out the seat of the neuralgia. In two such cases he considered the operation indicated. In one the patient was free from pain only three days of each month. He advised the operation, which was performed by Dr. Clark, of Niagara. The second case was his own. The woman had suffered for a number of years with excruciating pain. The ovaries were enlarged and tender. The whole abdomen was tender. The ovaries were removed and the patient entirely recovered her health. He could not admit that there are no cases of ovarian dysmenorrhœa which can be relieved by the operation, but he thought they were rare.

DR. JOHNSON said he did not recommend the operation except under well-marked conditions. He agreed with those who fear that the operation may be performed oftener than necessary. Its use in nervous and neuralgic conditions is not always as beneficial as in some other conditions, as myoma of the uterus, for example.

WEDNESDAY, SEPTEMBER 23—SECOND DAY.

The PRESIDENT, DR. WM. A. HOWARD, of Baltimore read the *Annual Address*, entitled

TWO RARE CASES IN ABDOMINAL SURGERY.

The speaker held that all cases, whether successful or not, should be put on record, in order that the knowledge of such affections might be increased. The paper described two rare cases of exceptional interest in which the doctor was completely baffled in the diagnosis, and declined to make one.

Case 1.—S. H., negress, age 24 years, married, presented herself at the dispensary of the University of Maryland, April 20, 1882. She was seen by the clinical assistant and the following notes made: Menstruation appeared at the age of 14, and had been regular and normal. She was the mother of five children, the youngest of whom was two months old. She had never had a miscarriage. Some days after delivery, she noticed an enlargement in the lower portion of the abdomen, which gradually extended in the middle line until it reached the umbilicus, and was attended with bearing down pains and frequent micturition. On examination, fluctuation was well marked all over the abdomen, with decided resonance about the umbilicus. There was dulness on percussion and bulging in both flanks. Six weeks later she returned to the dispensary, and at this time, the resonance at the umbilicus had disappeared, and the umbilicus at this time projected. I saw her for the first time two weeks after this observation was made. At this time she was quite sick, the temperature being 102,° the pulse 132, and the respiration 32 per minute. Examination showed the presence of fluid in the pleural sac. There were also some crackling râles heard through the lung. The abdomen was as large as at seven months' pregnancy, and was remarkably protuberant in the centre. There was complete dulness over the entire abdomen, not changed by change of position. There was no evidence of a solid tumor, but it had every appearance of a simple unilocular cyst. Vaginal examination showed the uterus well in front of the tumor, and the sound gave a measurement of two and three-fourths inches.

The question which arose was as to the nature of the tumor. Was it ovarian? The extreme infrequency of ovarian tumors in the negro race was against this view. The rapid growth of the tumor was also opposed to this view. The next affection considered was fibro-cystic tumor of the uterus. This is exceedingly rare. The speaker had seen but one such case in the negro. In that case, the cyst

was filled with pus. The patient was operated upon with a fatal result. Such tumors are rare before the age of 35. They usually develop slowly. There was no menstrual disturbance in this case. For these reasons, fibro-cystic tumor was excluded.

Was it a parovarian cyst? These usually develop even more slowly than ovarian cysts. They are usually flaccid. They contain a thin liquid, are comparatively rare, and do not affect the general health. This was therefore excluded. It was certainly not a case of simple ascites, but was it a case of encysted dropsy, so-called, of the peritoneum resulting from simple peritonitis? This is an extremely rare affection, and in the early stages there are symptoms of constitutional disturbance. The abdomen is not prominent, and often it is flaccid. Encysted dropsy was excluded.

Finally, on June 20, I aspirated the cyst under antiseptic precautions. The fluid which escaped was of a light straw-color, and coagulated as speedily as blood. After aspiration, large masses were readily felt through the abdominal wall. The character of the fluid corresponded with that which is said to characterize fibro-cystic tumors of the uterus. The speaker had, however, seen other cases which showed that the character of the fluid was not pathognomonic. In one case of abdominal tumor, fluid was removed which did not coagulate even after being kept for many days. The abdomen was subsequently opened and a fibro-cystic tumor found. In a case of supposed ascites in a man, aspiration was performed and the fluid coagulated quite rapidly. After the cyst was aspirated the patient did well for three days, when acute peritonitis supervened, and the patient died on the seventh day.

At the autopsy, a mass as large as a child's head was found in the abdomen. This consisted of omentum, the transverse colon and small intestine, bound together by inflammatory exudation. The inflamed peritoneum was invaded everywhere with miliary tubercles. There was no ovarian or uterine disease. There was some tubercular ulceration of the small intestine; the other abdominal organs were not affected. The pleura was also invaded with scattered miliary tubercles. In both lungs there were some tubercles.

This, then, was a case of encysted tubercular peritonitis simulating ovarian or parovarian cyst. The failure to recognize the true condition was ascribed to want of attention to the previous history of the case and the recognition of the fact that there had been free fluid in the peritoneal cavity at the first visit. The speaker then referred to the few similar cases which had been recorded. In these cases the disease has appeared, as a rule, under the age of twenty-five years. It has progressed rapidly, the length of time varying from six weeks to eight months.

Case 2.—F. R., age 24, was admitted to the hospital in July, 1883. She claimed to belong to the colored race, but looked much like a white woman. She had been married one year, but had never been pregnant. There was no evidence of uterine disease. The abdomen was much enlarged, measuring forty-seven inches just below the umbilicus. Vaginal examination showed the uterus pushed forward by a sac containing fluid. There was apparently an immense unilocular sac. This had been first noticed seven or eight years before. The increase in size had been gradual and unaccompanied with pain. As to diagnosis, ascites was dismissed both by the physical signs and the absence of any cause to account for such a condition. The length of time which the affection had lasted was against its ovarian origin. There are, however, exceptional cases in which an ovarian tumor may be present for a number of years, even as many as twenty-four, without requiring operation. The length of time which the cyst had been present, the marked fluctuation, and the flaccid nature of the tumor were in favor of a parovarian cyst. There was one point against this diagnosis, and that was that although the cyst was flaccid, it could not be compressed below the umbilicus. Fibro-cystic tumor was readily excluded. The history of the case was against the existence of encysted peritonitis. The balance of evidence seemed to be in favor of an ovarian or par-ovarian cyst.

On July 13 the operation was performed. It was made largely with the view of exploration. The peritoneum was found much thickened and closely adherent to the sac. With difficulty the adhesions were separated for a short distance and the cyst presented the appearance of an ovarian cyst. A trocar was introduced and forty pounds of a greenish, viscid fluid removed. An endeavor was made to enucleate the cyst, but the adhesions were so extensive that this could not be accomplished. The cyst was then incised to the extent of the abdominal opening, and in looking into it, it appeared to occupy the whole abdominal cavity, stretching tightly over the spinal column. A small portion of the wall of the cyst was removed, a drainage-tube introduced and the opening closed with stitches. Peritonitis ensued and the patient died. A post-mortem was made, but owing to the doctor's unavoidable absence, was not sufficiently full to throw any more light upon the case than had been obtained at the operation. The nature of the cyst therefore remained unsettled.

Dr. T. A. Emmett made a few remarks in regard to the difficulties of diagnosis. It seemed to him that the older he became and the more experience he had, the more uncertain he was about diagnosis. While yesterday he did not favor opening the abdomen, yet when a woman has an abdominal tumor, he favors opening the abdomen to make a diagnosis, because she has something which must come out. Rapidity of development can not be depended on. He had seen par-ovarian cysts develop in six weeks, and recover after operation. He had also seen cases which lasted twenty-three years. He had twice opened the abdomen expecting to find an ovarian cyst and had found a fibro-cyst. About two years ago he saw a case in which he could not make a diagnosis. The abdomen was opened and he saw just such a cavity as had been described. It seemed as though a cyst had at some time ruptured and its contents had become encysted. The cavity was left open, frequently washing it out. In six weeks the cavity had greatly diminished. Unfortunately the

patient died at this time from strangulation of the small intestine. There is no set of symptoms which belong exclusively to a certain condition.

DR. WILLIAM GOODELL, of Philadelphia, had removed tumors the nature of which he does not know to this day. In one case he worked for forty-five minutes before he found out what the tumor was. It turned out to be two ovarian tumors which had coalesced, including the uterus between them. He felt more and more the necessity of performing the exploratory operation, for it is impossible to make a correct diagnosis in many of these cases. To illustrate the difficulties of diagnosis, he reported a case which he saw some time ago. A lady presented herself with a solid tumor of the abdomen. There was also metrorrhagia and menorrhagia. He diagnosed a fibroid tumor of the uterus, but the growth was so mobile as to suggest the possibility of a fibroid tumor of the ovary, and he so noted it in his record book. He advised against an operation. The lady went north, and her sufferings became so great that she consulted a distinguished gynæcologist, desiring an operation. He wrote to Dr. Goodell, asking his diagnosis. The operation was performed, and a large fibroid of the ovary removed.

DR. T. A. REAMY, of Cincinnati, wished to put on record another case in which a fatal result followed aspiration in tubercular peritonitis. The patient was a man, but it presented all the characteristics of an ovarian cyst. The patient died the second day after the removal of the fluid. There is great difficulty in the diagnosis of these abdominal tumors. In reference to the coagulability of fluid from other sources than fibro-cystic tumors of the uterus, he tapped a woman some years ago and obtained a large quantity of pure blood. This coagulated at once. The patient recovered and is still living. He inferred that this was a case of tumor of the omentum.

DR. HOWARD remarked that it was agreed by all that cases often occur in which the diagnosis can not be accurately determined, but in the majority of cases he thought a correct diagnosis was made. The fact that he was able in these two cases to eliminate so many of the ordinary conditions which give rise to these tumors, showed that the physician has the means of making the diagnosis. The object of the paper was to give an accurate account of this case, in order that it might assist others in cases of obscure abdominal tumors.

DR. E. W. JENKS, of Detroit, read a paper on

THE CARE OF THE PERINEUM DURING LABOR.

He referred to the various opinions which had been expressed on this subject. There is a general agreement as to the importance of preserving the perineum. In certain cases, however, from anatomical and pathological conditions, laceration is almost inevitable. He then referred to the various methods which had been proposed, dividing them into two general classes, those which aimed to support the perineum and those which were used with the object of retarding the progress of the head. There is one class, numerically small, who believe that the perineum should be let alone.

The method about to be described he had adopted several years ago, and it had given him much satisfaction. He was persuaded that he had saved many perinea through its use. It was recommended for primaparæ and others where the structures were greatly imperilled. During the early part of the second stage the patient is allowed to assume any position she prefers, but when the head begins to distend the perineum, the patient is placed across the bed with the limbs in the lithotomy position, with the exception that the knees are kept close together. This is important. The limbs are held in this position by two assistants. A piece of muslin, or a towel, ten inches wide and forty or fifty inches long, is carried around the buttocks of the patient and over the hemisphere produced by the bulging perineum, with the upper edge on a level with the fourchette, and the ends given to the assistants. They are instructed to make traction during the pain in the manner that the accoucher may direct. The bandage must be applied smoothly. The direction of the force may be made in any required direction. Care must, however, be taken that the pressure is equally distributed and that the assistants do not simply pull on the middle or posterior part of the bandage, while the anterior portion is left lax.

In order to show that this procedure was based on good anatomical grounds, the speaker next referred to the anatomy of the perineum, illustrating his remarks with diagrams. According to the old descriptions of the anatomy of this region, it was considered that the muscular fibres decussated in the part between the vagina and rectum. Recent observations show that this is not the case, but that the fibres simply meet and a laceration of the perineum divides the muscular fibres transversely, with the exception of those of the transverse perinei. The fibres are simply separated. When the sphincter ani is divided, its fibres are of course divided transversly. The perineum is prevented from laceration by the protection afforded by the tissue below and the integument. The bandage used in the way described affords a supplementary perineum, as it were. By keeping the limbs in the position indicated nature is able to supply tissue for the relaxation of the perineum. When the perineum is bulged the lateral and posterior sulci disappear, and the perineum, with the advancing head, forms almost a hemisphere. The towel is in contact with every part of this hemisphere. The advance of the head may be retarded by making traction on the towel. Where it is accessible, a narrow bed may be used with advantage, the assistants taking their position near the head of the patient.

The use of this bandage avoids any tendency to exciting expulsive efforts from reflex irritation of the perineum, as is sometimes seen where the fingers are used. It is comfortable to the patient and does not cause more exposure than other methods. The bandage may be kept on until the shoulder is delivered, thus avoiding rupture from this cause. In order that this method shall be successful, it is important that every detail shall be carried out with painstaking care. Should a rupture occur, the immediate operation should be resorted to.

(To be concluded.)

CHICAGO MEDICAL SOCIETY.

Stated Meeting, Oct. 5, 1885.

THE PRESIDENT, C. T. PARKES, M.D., IN THE CHAIR.

DR. F. E. WAXHAM read a paper on

INTUBATION OF THE LARYNX, WITH A REPORT OF FIVE CASES.

The paper was supplemental to one read before the Society on April 20th, in which the operation was minutely described. Dr. Waxham exhibited a larynx with the tube *in situ*. He described the manner of performing the operation, as follows, by the nurse holding the child in her lap, with the hands at the side, an assistant firmly holding the head backward. The mouth is held open by a gag placed on the left side between the teeth. The tube, armed with a silk bridle, well waxed, is now secured to the introducing instrument. The right hand manipulates the instrument, while the index finger of the left hand guides safely and quickly the tube over the epiglottis into the larynx, when the introducing instrument is removed and the tip of the finger presses the tube well down into the larynx. We make sure the tube is in proper position by the easier breathing, the tube remaining stationary, and by coughing on the patient attempting to swallow water. The bridle of silk is apt to produce violent coughing, and is generally removed. The latest improvements in the tubes consist in an enlargement of the head of the tube with a backward curve, preventing the tube from slipping into the trachea and allowing the epiglottis to fall during the act of deglutition. There is also an enlargement in the center of the tube, allowing it to be more easily extracted. Dr. Waxham reported in detail five cases of croup treated by intubation. One case recovered, one died six days after intubation from pneumonia; the result of unfavorable surroundings. The other cases were not such that recovery could be definitely expected. Dr. Waxham then presented the history of the five cases in detail after which Dr. H. T. Byford opened the discussion by saying he had the pleasure of seeing the case reported in which there was a complete recovery. In the contrast between this operation and tracheotomy there are many points in favor of intubation, and there are not many cases in which tracheotomy is indicated that intubation is not, one of its chief advantages being its simplicity. The first case of tracheotomy he had ever performed was a success and gave him a great deal of encouragement, but the next was such a terrible case, and a failure, that he was discouraged. He had assisted at several tracheotomies, but the difficulties of the operation, the trouble of overcoming the prejudice of the parents against the operation, and the difficulties and bad results following, had caused him to *abandon the operation as of little use except in good cases. But when he saw this case, with all the absence of numerous attendants and paraphernalia* in the after-treatment, and the comfort and freedom of the patient, he was greatly astonished. The simplicity and safety of the operation and the comfort afterwards, the fact that the consent of the parents can be easily and early obtained, that failure to relieve will not bring discredit upon the physician, and that the tube opens in the throat instead of the external air, leaves no doubt in his mind that intubation, whenever it can be successfully accomplished, will supersede tracheotomy in private practice.

DR. W. E. CASSELBERRY said he was in constant attendance on one of the cases which terminated unfavorably, but the effect from the operation was such as to convince him of its utility in many cases. In this case the former physicians in attendance had thought the patient had recovered from diphtheria, but the membrane later invaded the trachea. The young child was *in extremis mortis* and it was decided tracheotomy would be of no avail, and it was not thought intubation would be much better, but in order to give the child a chance it was done. The child lived twenty-four hours, and its last hours were comparatively comfortable. In this case there was considerable difficulty in the introduction of the tube, and it was a lesson to him that practice in introducing the tube on the cadaver might obviate many difficulties in introducing it on the living subject. In the case of this young child, the tube attached to the instrument for introducing it made too short an angle to be easily introduced. The idea suggested itself to have a joint in the introducing instrument so as to be able to easily pass the curve of the pharynx. The tube caused no cough or difficulty in swallowing, and was easily withdrawn. A German physician lately states that in 111 cases of tracheotomy under his control, sixty-three recovered, and an American physician notes twenty cases, of which nine recovered. It seems from these statistics that tracheotomy is not to be discarded, but we nevertheless will find a large field for intubation of the larynx. Intubation will be preferable in young children not apt to recover from tracheotomy, in diphtheritic cases, and in cases when the friends object to tracheotomy.

Dr. R. G. BOGUE said: I have happened to have something to do with tracheotomy. While there are a great many inconveniences attending the operation and the care of the patients, subsequently, there certainly has been a good deal to commend in its performance in many cases. The number of recoveries after tracheotomy are not few. The gentleman preceding me referred to statistics showing a larger percentage of recoveries than I had happened to know. But those who have operated a goodly number of times have good reason, from its success, to resort to it in many cases. Intubation is a simple operation compared with tracheotomy, and will recommend itself in many ways, and if it proves to be of equal success in saving life, it should be used in preference to tracheotomy. Many reasons arise why it should be used. It is not a formidable operation; parents' consent to it can be easily obtained, and the relief obtained by intubation seems as great as in tracheotomy. After each tracheotomy there is a period of rest and quiet and apparent promise of success, for a period of twenty-four to thirty-six hours, then an extension of the disease into the deeper air passages, or some complication destroys the life of

the patient. The benefit of intubation with only this alleviation is apparent. It is to be hoped after a more extended trial it will prove to be of as much, if not more, service than tracheotomy, and it will commend itself to the profession.

DR. G. C. PAOLI said that Dieffenbach was the first to use intubation in diphtheria and croup, and a Parisian physician tried it at the time, each without the knowledge of the other's experiments. Dieffenbach used an india-rubber tube, but he as well as the Parisian physician abandoned intubation. This is a different method, it is true, but it can never be recommended until we have statistics from those having great experience, in hospitals especially, to prove it preferable to tracheotomy.

DR. D. W. GRAHAM commended the report as being an effort in the right direction. It shows that intubation has some merit, as a means of treating obstruction of the larynx, and that it is destined to become at least a partial substitute for tracheotomy in diphtheritic croup. From a theoretical standpoint it would seem that there would be some liability of these tubes causing œdema of the larynx, if retained in place any length of time, on account of the mechanical pressure on the veins of the mucous membrane. Future observation will show whether they are entirely harmless. However, there does not appear to have been any trouble in this respect in the cases reported.

If this method should become established and recognised, as it now promises, it would and ought to be counted as a new procedure, notwithstanding what Dr. Paoli has said about the efforts of the older surgeons to put the same idea into practice, for whatever has been attempted heretofore in this direction has proved fruitless.

DR. WAXHAM, in closing the discussion, in answer to various questions, said the longest time the tube was worn continuously was six days. Dr. O'Dwyer reports two cases, terminating favorably, in which the tubes had been worn ten days. He never found any œdema of the larynx caused by the wearing of the tube. In very young children it is necessary to remove and cleanse the tube. Older children, if not exhausted by disease, will expectorate freely. The previous attempts at intubation in France were not successful, but they were not according to the methods now employed. Trousseau discouraged intubation, and thus French physicians were influenced against it. The tubes must be thin, but their weight is unimportant. He had never found it necessary to use cocaine in introducing the tube, as this operation is generally easily and quickly done.

(To be concluded.)

FOREIGN CORRESPONDENCE.

LETTER FROM LONDON.

(FROM OUR OWN CORRESPONDENT.)

Digital Tenotomy for Pianists—The Lemon Treatment of Bilious Fever—The Death-rate—Ancient Anæsthetics—Prof. Huxley—Hospitals in London—Anisic Acid, the New Antipyretic.

Attention is again being called, by a well-known medical man, to the benefit to be derived by those who practice frequently on the piano, harp and stringed instruments generally, by submitting to a surgical operation which consists in dividing the tendons of the ring finger. Pianists are aware that out of the five fingers composing the hand, the fourth one, as it is termed, is the most rebellious in action, being alike the weakest and least flexible of all the others. This feebleness proceeds from the lateral tendons that join the ring to the other fingers, and in a measure paralyze its movements. The operation is simply that of tenotomy. The finger becomes as free as the others, and can work upon the key-board or music strings with equal force and facility.

The lemon treatment of biliousness is quite fashionable at present. Most people know the benefit of lemonade before breakfast, but few know that it it is more than doubled by taking another at night also. The way to get the better of the bilious system without blue pills and other drugs, is to take the juice of one, two or three lemons, as appetite craves, in as much iced water as makes it pleasant to drink without sugar, before going to bed. In the morning on rising, at least half an hour before breakfast, take the juice of one lemon in a goblet of water. People must not irritate the stomach by eating lemons clear, but diluted properly, so that it does not irritate the throat, and taken on an empty stomach, the improvement is marked.

The following results in the reduction of the death-rate are eminently satisfactory, and justify confident anticipations that, by a steady perseverance in dealing with all questions relating to sanitation, the time will soon arrive when we shall have outdistanced all our ancient predecessors, to the great moral and material welfare of the community and the comfort and happiness of all classes of the people. Civil registration was first established in 1838, and the mean annual death-rate of England and Wales for the thirty-eight years (1838 to 1875 inclusive) was 22.30 per 1000, the mean annual rate for the first eighteen years being 22.42, and for the last twenty years 22.19, an improvement of only .23. The mean annual rate for the eight years, 1876–1883, both inclusive, was 20.26, the difference between the mean annual rate for the years 1856 to 1875, and 1876 to 1883, showing an improvement of 1.93 per 1000, or an apparent saving of 49,320 lives annually, although as the age distribution of the population has been altered, the number of lives actually saved would be somewhat less. Besides the diminished mortality, it must be remembered that preventable sickness bears a regular proportion to preventable deaths, and if this be estimated at the low proportion of twenty-five cases to each death, we get upwards of 1,000,000 cases of sickness annually prevented in the period from 1876 to 1883 had the death-rate remained stationary and not decreased in the way mentioned.

Sir Henry Thompson declares there is no foundation whatever for the common notion that a fish diet tends specially to feed the brain. He says, however, that fish is particularly suitable for persons who are unable to take much exercise.

An interesting paper has just been published upon

ancient anæsthetics. Abelard, speaking of the creation of Eve from a rib of Adam, speaks of the deep sleep which fell upon the latter as similar to that which physicians produce in patients upon whom they wish to operate. Pliny speaks of a stone of Memphis which, when crushed and treated with vinegar, renders any part to which it is applied insensible to pain, and many old authors speak of surgeons producing sleep in their patients before an operation, by mixing with their food a decoction of the leaves of the root of the mandragora, or some grains of the plant called "morion." Preparations of these two plants, as well as of other narcotics, were employed by surgeons down to the thirteenth and fourteenth centuries, but much less in subsequent times. Opium was also used for a similar purpose, while in the East the anæsthetic properties of hemp have been known from the earliest times. These were all taken into the stomach, but anæsthesia by inhalation was also known. Two different preparations were discovered in the thirteenth century, one by a Dominican of Rome, the other by a surgeon named Theodoric, who was also a preaching friar, and subsequently a bishop. Both of these were prepared from opium, henbane, mandragora, hemlock, and many other plants, and were inhaled from a sponge. It is, however, difficult to believe that preparations so little volatile could produce anæsthesia by simple inhalation. Mons. Perrin, who has studied ancient anæsthetics, has given the composition of a liquid which contained all the ingredients required for chloroform, and it is said that this was applied to witnesses or prisoners who were about to be tortured in the judicial tribunals of the Middle Ages. After inhaling it, the unfortunate subject was plunged into a semi-comatose state, which diminished in a certain degree the pain of the torture. This liquid was always kept in a place adjoining the torture-chamber. Dr. Simpson has the reputation of having been the discoverer of anæsthesia like Dr. Harvey, the reputed discoverer of the circulation of the blood; they were really the men who brought the discoveries practically into use, and pointed out to us clearly and truthfully the *modus operandi* of the circulation and anæsthesia.

It is stated that Professor Huxley is about to retire from his various appointments under Government with a pension of £1,200 a year.

From a recent estimate it appears there are in London sixty-seven hospitals of all kinds. They afford accommodation in beds for 6,588 patients, and on an average 56,493 in-patients occupy these beds annually. The same hospitals make medical provision for out-patients, and 530,564 out-patients are also received. At the present time, many of the London hospitals are financially in a bad way on account of the present great fall in the revenue obtainable from their landed investments. Many have had to close some of their beds, and are now making earnest appeals for funds.

It is stated that a new antipyretic remedy known as anisic acid, formed by the oxidation of oil of anise, closely resembles salicylic acid in its effects.

G. O. M.

LETTER FROM PARIS.

(FROM OUR OWN CORRESPONDENT.)

Ptomaines in Cholera-dejecta — Influence of Solar Light on the Bacillus Anthracis and on Vegetation — Prehistoric Skulls at Grenoble — Artificial Fecundation — Two Cases of Hydrophobia.

In a work published last year by M. Gabriel Pouchet, he established the existence of an alkaloidic substance in the dejections of choleraic patients, which was very decomposable and behaved in the manner of a violent poison as regards man and animals. It was interesting to determine, in view of the pathology, the mode of production as well as the rôle of this substance in choleraic manifestations. To enable him to do so, M. Pouchet analyzed broths containing pure cultures of the microbe of Koch, and he was able to establish the presence, though in traces only, of an alkaloid liquid the exterior characters of which (odor, decomposability, toxicity for animals) appeared identical with those of the substance isolated from choleraic dejections. If these results be confirmed, the microbe of Koch will really be the pathogenic agent of cholera.

About six months ago M. Arloing addressed to the Academy of Sciences a note relating to the influence which artificial light would exercise on vegetation and the properties of the "bacillus anthracis." At the meeting of the Academy last week M. Arloing gave an account of the results of analogous experiments performed by him with solar light. These results corroborate those obtained with artificial light. Gas light retards the vegetation of the bacillus anthracis. Sun light, in the month of July, destroyed in two hours the vegetative power of the spores of the charbonous bacillus. These facts would not only demonstrate the destructive power of the sun as regards pathogenic germs, but they would add to others already known, to show that the spore is not so resistant as one would be led to believe, and that the attempts at the attenuation of the different viruses in this state are perfectly legitimate.

At the meeting of the Academy of Sciences of last week, M. Arloing submitted another note on the influence of the sun on vegetation, and on the "vegetability" of the virulence of cultures of the bacillus anthracis. In this second note the author makes out that solar light attenuates the virulence of cultures of this bacillus and transforms them into a series of vaccines as surely as heat. Whether the attenuation thus obtained will have the property of self-preservation and of being transmitted by means of generation is a question that M. Arloing intends undertaking to solve. If positive results are obtained vaccines may be prepared during the summer season. Be this as it may, these facts demonstrate that light is a biological agent very important in the world of the infinitely small.

At the last annual meeting of the French Association for the Advancement of Science, which was held at Grenoble, M. Manouvrier made some remarks on the skulls at the museum of that town. The author observed that among the prehistoric skulls found in the grottos of La Buisse and Balmes, three belong-

ing to the bro-magnon type, and two of the type of the Savoyards of the present day. This fact tends to demonstrate that from the Robenhausian period, the Savoyard races and those of bro-magnon lived side by side in the environs of Grenoble. Among the modern skulls to be seen at the museum, there is one of a child which presents a great many points of interest.

1. The sagittal suture is completely synostosed from which ordinarily results scaphocephaly, but this deformity, which is the consequence of the ulterior growth of the skull in the only direction of its length, had not the time to be produced.

2. The superior half of the left coronal-suture is equally synostosed. From this results an arrest of development of the corresponding region with compensatory arching of the opposite side and prominence of the right frontal protuberance. This variety of deformity belongs to the type described by M. Manouvrier under the name of "reniform deformity." The difference consists simply in that the synostosis took place, in this case, at the superior portion of the coronal suture, whereas ordinarily it occurs in the inferior portion. The deformity which results from this is therefore somewhat modified, which renders this deformity still more instructive.

On the 28th of July last, a candidate for the doctorate submitted his thesis to the Paris Faculty of Medicine, entitled "Contribution to the History of Artificial Fecundation." The thesis was rejected, and the examination put off in consequence, much to the astonishment of the candidate and of his friends, as the subject had been treated of in scientific works, and it formed the title of a thesis submitted not long ago at the same Faculty by Dr. F. Gigon, who obtained his degree without opposition. The public newspapers then took up the matter, and as usual published sensational articles for and against the decision of the Examining Board; some declaring that the thesis in question was rejected as being considered immoral. Prof. Pajot, President of the Board, in a letter published in the *Revue Scientifique*, repudiated the assertion, and stated that the thesis was rejected on account of the subject matter in it having been treated of in a rather unscientific manner. A writer commenting on this subject in the same periodical, says that artificial fecundation is an operation that may raise some respectable scruples, the indications of which are exceptional, but which ought to be regarded as one of the greatest conquests of science. Already proposed by Hunter, it penetrated, with difficulty, it is true, into medical practice; but now it is taught at the Faculty and described in the most recent treatises on obstetrics and gynæcology, as may be verified in reading over the works of Professors Pajot and Tarnier.

About a week ago two children were taken to the hospital at Versailles with symptoms of rabies, to which they both succumbed in the space of a few hours. The interesting point in this case is: Some years ago both these children, the one a boy aged 11 years, and the other a girl, his sister, aged 15, were bitten by a mad dog, which was immediately killed. The wounds caused by the bites were cauterized and nothing more was thought of the cases, when the day before their admission to the hospital they were suddenly seized, at an interval between them of half an hour, with symptoms of hydrophobia, from which they both died within a few hours of each other. This example is one of the most remarkable on record, but I think it a pity that the published report does not mention the precise number of years that intervened between the accident and the appearance of the symptoms above referred to, as we should then be in a position to know the exact length of time of incubation.

Apropos of hydrophobia, I may mention that M. Pasteur is continuing with great perseverence, at Arbois, his retreat in the Jura, his experiments with the view of ensuring to animals exemption from hydrophobia. He intends putting his method in practice on his return to Paris, as he is confident that it will also prove efficacious in man. Before his departure for Arbois, M. Pasteur had under treatment a little boy of nine years of age, brought by his parents from Alsace, where he had been bitten in the haunches, on both legs, and in the hand. This child was taken direct to M. Pasteur, who, for the first time, applied his method, but whether it be successful or not remains to be seen. The accident occurred about three weeks ago. A. B.

DOMESTIC CORRESPONDENCE

LETTER FROM PHILADELPHIA.

(FROM OUR OWN CORRESPONDENT.)

The International Medical Congress—Dr. Shakespeare to go to Spain to Investigate the Cholera—Dr. Hamilton's Retention as Surgeon-General of the Marine Hospital Service—The Veterinary Department of the University of Pennsylvania.—A good Opening for Young Men.

The questions in regard to the proposed meeting of the International Medical Congress, which were the subject of so much discussion when I last wrote, have ceased to be a live issue in this city. The action of the New Committee in New York seems to leave nothing to be done but to wait and see whether the European men will come to America under the circumstances or not. It is believed here that they will not, at least not in sufficient numbers, to give the meeting an international character. It is also thought by some, and hoped by others, who did not approve of all the acts of the Original Committee, that those who have charge of the interests of the Congress in Europe will decide to hold the next meeting in some city there—Berlin is spoken of as most likely. This, as one of the most conservative men in this city said to me a few days ago, would be the simplest way out of an awkward dilemma, and would furnish an opportunity for the present excitement of feeling to subside to the advantage of all concerned.

I have heard some comment upon the action of the New Executive Committee in New York, on Sept. 24, whereby they unanimously resolved that what they were to do was not subject to "revision, amend-

ment or alteration" by the General Committee, which appointed them, or even by the American Medical Association itself. It is wondered here whether such a declaration of independence will be tolerated by the Association, when it meets in St. Louis, or whether it will send the Committee out to read and reflect upon the opinion of Mr. Randall with which their predecessors were put to naught. Time alone can show; but the members of the Original Committee are said to feel a keen regret that they did not at the start adopt this easy method "to prevent all further misunderstanding, both at home and abroad."

Perhaps I ought to say a word in regard to the statement which was made in a recent letter to the JOURNAL, by one who wrote from Philadelphia and signed himself "W. H. P.," that the sentiment of the profession in this city was not correctly represented in my last letter. The only reply to this intimation which is called for at present, is to direct the attention of your readers to the significant fact, that the assertion that a considerable number of respected men in this city were of a different way of thinking has not been backed up by the publication of their names. If any one who thinks I have misrepresented the sentiment of this city will publish a list of these who agree with him, I think it will only be necessary to place it alongside of the list which I gave long ago, in order to show that what I said was exactly so. And I think it will be better for even those who most disapprove of what was done here about the time of my last writing, to hear the plain truth, whether they like it or not, than that they should be misled with flattering pretences.

The colleges have now begun their winter sessions, with the prospect of good classes. The societies are at work, and I shall soon have pleasant and interesting subjects to write about. Already the Pathological Society has had a feather put in its cap by the selection of its president, by President Cleveland, to go to Spain, as the representative of the United States, in investigating the cholera. Dr. Shakespeare, who is well known as a student of micology, and as a friend and advocate of Koch in this country, has been chosen to investigate the scientific questions raised by the present epidemic of cholera in Europe, and to learn whether any new measures are needed to properly protect this country from its advent here, and whether the present quarantine regulations can be modified with advantage. As Dr. Shakespeare is a firm believer in the "comma-bacillus," it may be relied upon that he will find it if it is to be found in Spain, and the opportunity he is to enjoy of studying cholera on the spot may be regarded as a singularly fortunate, one for him, as it is to be hoped it will prove fortunate for science.

It has been with great satisfaction that the professional friends of Dr. Hamilton, Surgeon-General of the Marine Hospital Service, have learned that the President of the United States has stepped between him and those who were attempting to displace him from the position which he has heretofore filled so creditably. The ground of the President's interference being that Dr. Hamilton has fulfiled his duties with zeal and discretion, and with a strict regard for the public interests, is not only a well deserved testimony to Dr. Hamilton's faithfulness, but also a cheering evidence of the President's determination to free the medical service of the army and navy from the debauching taint of practical politics. When this is connected with his strong wish, which unfortunately cannot be fulfiled, that Prof. Agassiz should take the head of the Coast Survey, it seems that we have a President who has a higher idea of the interests of science than to make it a cat's paw to politics.

The Veterinary Department of the University of Pennsylvania is now fully opened. It has been organized at an expense of about fifty thousand dollars, with Dr. Huidekoper, who studied veterinary medicine in Europe, after having graduated in medicine in the University some years before, at its head. The buildings now completed are extensive and well suited to their object. They are of stone and brick, and extend for more than four hundred feet along Pine street, which passes through the grounds of the University. They contain stalls, sweat-baths, foot-baths, a padded cell for lunatic horses, an armory for instruments, forges, lecture rooms, working laboratories, dissecting room, and in fact, everything necessary for studying the diseases of the lower animals under the most favorable circumstances. A large part of the building is to be used as a hospital for sick or injured horses, cattle, sheep, dogs, cats, etc.

It is hoped that the attention to be given to the study of veterinary medicine in this department of the University, will lead to an advance in the position which this art shall occupy in this country. In Europe there are a number of men of high scientific attainments who are veterinarians, and their contributions to the art of healing have a much wider range than that of the class which is especially the object of their study. There is no reason why the study of comparative medicine should not receive a new impetus from the association of this new department with the others already existing in the University. It is to be hoped also, that the study of veterinary medicine under these auspices, will attract a class of men who are capable of elevating the pursuit to which they are to devote themselves above the level which it has hitherto occupied in this country. It is a calling which stands in need of men who will consider it honorable and help to make it so. To young men with zeal and perseverance it offers a most promising field of scientific study, as well as an unusually certain road toward a good income. It would probably be good for both man and beast, if some of the young men who are now thinking about studying medicine would make up their minds to study animal medicine, in which they would have a clearer field to themselves, and leave a little clearer field to those who are now trying to make a living out of their fellow men.

C. W. D.

THE INTERNATIONAL MEDICAL CONGRESS.

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—"An Old Member of the Medical Profession," in his letter to the JOURNAL of September 19, has sounded a key-note by quoting that part

of Dr. Flint's "Presidential Address" in Washington in which he urged the American Medical Association, as the only proper representative body of the profession in this country, to invite the International Medical Congress to hold its next meeting in this country.

The animus of certain medical journals, among which may be particularly mentioned the *Medical News*, is shown more clearly since the Committee met in New York, on September 3 and 4. In the issue of the *Medical News*, of September 19, is a garbled report of the meeting of the Committee in New York. By comparing the report of the Committee as published in the JOURNAL of September 12, and the *News*, of September 19, the conclusion is irresistible that the report has been maliciously garbled and falsified by the *News*, since two Sections are entirely unnoticed by that *representative* of professional purity. Again, it may be seen that the Committee only reported, in the list of officers of Sections, the Chairmen of Sections; but the *News* gives a full list, save in the Section on Obstetrics, and *then quotes the following:* "Lists of Vice-Presidents, Secretaries, and Councilmen for each Section were named by the Committee of Arrangements, but as it was not practicable to ascertain at once who would accept the places assigned to them, or who of those who had been announced in the medical press as declining to accept positions before the present rules and organization had been adopted, as given heretofore, might wish to withdraw such declination, the *final adjustment of these offices was referred* to the Executive Committee of the Congress,[1]" etc.

With the exception of the clause just quoted and Rule 1, not a single rule or regulation adopted by the Committee is given or even referred to. Perhaps it was scarely to be supposed that the *News* would comment on or quote the following: "It was decided that no person should occupy more than one position in the organization of the Congress." But in view of the fact that this was a part of the report of the Committee, the animus of the *News* will be apparent when we read *its* list and see the same name (in several instances) in more than one position. It would be charitable to suppose that the editor of the *News* did not read the full report of the Committee, as published in the JOURNAL of September 12; but this is scarcely credible.

Instead of publishing a long list of names, uselessly, as it did, why did not the *News* give the full report of the Committee to its readers? Was it for want of space? The full report would have occupied no more space than the meaningless list which was published. Space was not wanting to publish quotations from other journals, at least one of which was published long before the Committee met in New York; another from a recently acquired "New Code" ally; another from a journal which persistently misuses the English language in saying that the invitation to the Congress was not from the American Medical Association; and still another to the effect that "*The Kansas City Medical Record* offers to pay a liberal reward for a germicide that will destroy the microbes that were instrumental in ruining the International Medical Congress and weakening the vitality of the American Medical Association by their onslaught at New Orleans." Had the *Kansas City Medical Record* offered a reward for the microscopic fungi that *attempted* to ruin the International Congress, it need only have applied to the owners of the *Medical News*, seeing that the desired germs are on the salary list of that firm. The germicide which would most effectually kill these microbes would be the erasure of their names from that salary-list.

Finally, evidence is abundant that resignations have been obtained by certain members of the Original Committee (now resigned) solely by misrepresentations; evidence can be produced that the resolution passed in Washington in 1884 giving *existence* to that Committee, was written by a member of the Committee, and that it was the intention so to word it as to take the whole matter out of the hands of the Association; it can be shown that the distribution of at least some of the offices under the Original Committee was done by *one member* of that Committee, without consultation with the others; and it is true and can be proved that a member of that Committee has used every endeavor, and misrepresented facts in order to obtain resignations from the Organization of the Congress, after having given a solemn promise that he would aid the New Committee in every way possible. Does the profession of America need anything more to show the animus of certain men who would rule or ruin? Does it need further proof that these are *not* the men who should properly represent the profession of the United States?

AN OUTSIDER.

Chicago, October, 1885.

[1] Italics mine.

ASSOCIATION ITEMS.

INFORMATION OF IMPORTANCE TO ALL MEMBERS OF THE AMERICAN MEDICAL ASSOCIATION.

MEMBERSHIP.—Every one who attends an annual meeting of the Association as a delegate pays at that time five dollars, and thenceforward becomes a Permanent Member. He continues as such as long as he remains in good standing in the body from which he was originally sent as a delegate. As a Permanent Member, he must pay *Five Dollars Annually*, when notified by the Treasurer, whether he attends the meetings of the Association or not. Payment of annual dues entitles him to receive the weekly JOURNAL of the Association for one year.

MEMBERS BY APPLICATION are such as have not become Permanent Members in the manner above indicated, but apply to the Treasurer for membership, forwarding at the same time to him five dollars and the certificate of the President and Secretary of their State or local society, that they are in good standing in such society. They pay five dollars annually thereafter, when notified by the Treasurer. Members by application can join the Association at any time, and they receive regularly the weekly JOURNAL.

WHEN DUES ARE PAYABLE.—The annual dues from Permanent Members are payable to the Treas-

urer at the time of the annual meeting of the Association, or immediately thereafter. The payment entitles the member to receive the JOURNAL for one year from the following July. Payment for 1885, for example, entitles the member to the JOURNAL from July, 1885, to June, 1886, inclusive.

As some of the members have not yet forwarded to the Treasurer their dues for 1885, they are urgently requested to do so at an early day. Having entered upon another year of membership, they are morally and legally responsible to the Association for the payment of their annual dues, having already received for three months of the new year—1885—the JOURNAL of the Association.

SUBSCRIPTIONS TO THE JOURNAL, from those who are not members of the Association, should be forwarded to the office of publication, 65 Randolph Street, Chicago, and not to the Treasurer; but *all payments of annual dues must be forwarded to the Treasurer, Lock Box 1274, Philadelphia.*

DEATHS.—When a member of the Association, who is in regular receipt of the JOURNAL, dies, his family or other representatives are requested to inform the Treasurer at once of the fact.

PAYMENT OF DUES FOR PREVIOUS YEARS.—As a few members of the Association are still in arrears for payment of dues for 1883 and 1884, they are requested to forward at once to the Treasurer the amounts for which they are indebted to the Association.

TRANSACTIONS OF THE ASSOCIATION.—These annual volumes, thirty-three in number, to 1882 inclusive, may still be obtained, with few exceptions, from the Treasurer, at reduced prices. The Index to these volumes will be forwarded on receipt of *One Dollar*. An opportunity is thus afforded to complete sets of these valuable publications, or to obtain important papers and works which are daily becoming scarce.

RICHARD J. DUNGLISON, M.D., *Treasurer.*
Lock Box 1274, Philadelphia, Pa.

NINTH INTERNATIONAL MEDICAL CONGRESS, WASHINGTON, D. C., 1887.

[The following are some of the more important Rules adopted relating to the preliminary organization of the Congress.—ED.]

1. The Congress shall consist of members of the regular profession of medicine, who shall have inscribed their names on the register and shall have taken out their tickets of admission; and of such other scientific men as the Executive Committee of the Congress may see fit to admit.

2. The dues for members of the Congress shall be ten dollars each for members residing in the United States.

There shall be no dues for members residing in foreign countries.

Each member of the Congress shall be entitled to receive a copy of the "Transactions" for 1887.

3. The Congress shall be divided as follows, into seventeen Sections:

I. General Medicine.
II. General Surgery.
III. Military and Naval Surgery.
IV. Obstetrics.
V. Gynæcology.
VI. Therapeutics and Materia Medica.
VII. Anatomy.
VIII. Physiology.
IX. Pathology.
X. Diseases of Children.
XI. Ophthalmology.
XII. Otology and Laryngology.
XIII. Dermatology and Syphilis.
XIV. Public and International Hygiene.
XV. Collective Investigation, Nomenclature, Vital Statistics, and Climatology.
XVI. Psychological Medicine and Diseases of the Nervous System.
XVII. Dental and Oral Surgery.

4. The General Meetings of the Congress shall be for the transaction of business and for addresses and communications of general scientific interest.

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8. The official languages of the Congress shall be English, French, and German.

In the meetings of the Sections, no member shall be allowed to speak for more than ten minutes, with the exceptions of the readers of papers and those who introduce subjects for discussion, who may each occupy twenty minutes.

9. The rules and programmes shall be published in English, French, and German.

Each paper and address shall be printed in the "Transactions" in the language in which it was presented, and preliminary abstracts of papers and addresses also shall be printed, each in the language in which it is to be delivered.

All discussions shall be printed in English.

10. The President of the Congress, the Secretary-General, the Treasurer, the Chairman of the Finance Committee, and the Presidents of the Sections, shall together constitute an Executive Committee of the Congress, which Committee shall direct the business of the Congress, shall authorize all expenditures for the immediate purposes of the Congress, shall supervise and audit the accounts of the Treasurer, and shall fill all vacancies in the offices of the Congress and of the Sections. This Committee shall have power to add to its membership, but the total number of members shall not exceed thirty. A number equal to one-third of the members of the Committee shall constitute a quorum for the transaction of business.

11. The Officers of the Congress shall be a President, Vice-Presidents, a Secretary-General, four Associate Secretaries, one of whom shall be the French Secretary, and one of whom shall be the German Secretary, a Treasurer, and the Chairman of the Finance Committee.

12. The officers of each Section shall be a President, Vice-Presidents, Secretaries, and a Council.

13. The officers of the Congress and the officers of the Sections shall be nominated to the Congress at the opening of its first session.

MISCELLANEOUS.

HEALTH IN MICHIGAN.—Reports to the State Board of Health, Lansing, by observers in different parts of the State, show that for the month of September, 1885, compared with the preceding month, the reports indicate that influenza, typho-malarial fever, bronchitis and neuralgia have increased, and that cholera morbus, cholera infantum and diarrhœa have decreased in prevalence. Compared with the average for the month of September in the seven years, 1879–1885, intermittent fever, remittent fever, dysentery, typho-malarial fever, cholera infantum, cholera morbus, diarrhœa, consumption of lungs, and typhoid fever were less prevalent in September, 1885. For the month of September, 1885, compared with the average of corresponding months for the seven years, 1879–1885, the temperature was lower, the absolute humidity and the day ozone were about the same, and the relative humidity and the night ozone were more.

NEW YORK STATE MEDICAL ASSOCIATION.—The second annual meeting of this Association will be held in the Murray Hill Hotel, New York City, on November 17, 18 and 19, and at the Carnegie Laboratory on the 20th, 1885. A full and very interesting programme of work is arranged for the four days, with the prospect of a large and profitable meeting. John P. Gray, M.D., of Utica, is President; Caleb Green, M.D., of Homer. N. Y., Recording Secretary, and E. D. Ferguson, M.D., of Troy, N. Y., Corresponding Secretary.

LEAD-POISONING AT SEA.—The Paris Municipal Laboratory has received a report concerning an epidemic of lead-poisoning which recently happened on a Norwegian vessel coming from Cadiz. Several of the crew exhibited symptoms of lead-poisoning, and the vessel was put into port in New York. The captain and several of his men were sent to the hospital at Coney Island. Two men died; the others recovered, after suffering severely. The affair was investigated, and it was ascertained that impure drinking-water was the cause of the catastrophe. The ship's tank was painted inside with red lead; the water became of a yellowish color. The Municipal Laboratory has issued a recommendation to landlords and all persons who have cisterns or water reservoirs that resin or tar, dissolved in turpentine or benzine, should be used for painting them. It appears that, in Paris and its suburbs, a great many cisterns are painted with pigment containing lead.—*Brit. Med. Journ.*, Oct. 10, 1885.

TO OCULISTS AND PUBLISHERS.—Having taken charge of reporting for the *Revue Générale d' Ophthalmologie*, edited by Dr. E. Meyer, of Paris, and Dr. Dor, of Lyons, on the progress of ophthalmology in our country, I beg leave to request all authors and publishers of ophthalmic works and papers to send me copies or reprints of their publications, in order to enable me to give the most complete review of the current ophthalmic literature of our country in a periodical of the largest circulation among our profession.

DR. M. LANDESBERG.
40 W. 34th St., New York.

PROFESSOR HAESER, senior member of the medical faculty of Breslau, has recently died, aged 72. His best known work is a History of Medicine, which was received with great favor, both in Germany and abroad.

CHARLES ROBIN, the eminent histologist, died of apoplexy, on October 6, at the age of 64. Since 1852 he had been Professor of Histology at the Faculté de Médecine, of Paris. He was made Member of the Institute in 1866.

DR. O. D. NORTON, JR., has received the appointment of Acting Assistant Surgeon in the U. S. Navy, and is on the U. S. Steamer Minnesota, Station E, New York.

GAZETTE DE GYNÉCOLOGIE is the title of a new medical monthly, under the editorship of Dr. D. Ménière, of Angers. It is published by O. Doin, of Paris.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM OCTOBER 10, 1885, TO OCTOBER 16, 1885.

Lieut.-Col. B. J. D. Irwin, Asst. Medical Purveyor, ordered from Dept. Ariz. to New York City, for temporary duty in charge of medical purveying depot at that place, relieving Captain Henry Johnson, medical storekeeper. (S. O. 233, A. G. O., Oct. 10, 1885.)

Capt. Geo. W. Adair, Asst. Surgeon, leave of absence extended one month. (S. O. 232, A. G. O., Oct. 9, 1885.)

First Lieut. Edward R. Morris, Asst. Surgeon (recently appointed), ordered for duty in Dept. Mo. (S. O. 233, A. G. O., Oct. 10, 1885.)

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, DURING THE WEEK ENDING OCTOBER 17, 1885.

L. B. Baldwin, P. A. Surgeon, detached from Naval Hospital, Philadelphia, and ordered to Navy Yard, Mare Island.

D. Dickinson, Surgeon, detached from Naval Hospital, Mare Island, and ordered to Training Ship "Portsmouth" as relief to Surgeon A. M. Moore.

A. M. Moore, Surgeon, detached from Training Ship "Portsmouth and wait orders.

Joseph Shafer, Asst. Surgeon, detached from Receiving Ship "St. Louis" and ordered to Naval Hospital, Philadelphia, as relief of P. A. Surgeon Baldwin.

Asst. Surgeon F. A. Hester, detached from U. S. Str. "Minnesota" and ordered to the "Tennessee," as relief of P. A. Surgeon Nelson H. Drake.

Nelson H. Drake, Surgeon, detached from the "Tennessee" 31st inst., and wait orders.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE WEEK ENDED OCTOBER 10, 1885.

Bailhache, P. H., Surgeon, to proceed to Tuckerton, N. J., as inspector. Oct. 7, 1885.

Austin, H. W., Surgeon, to proceed to Albany, N. Y., on special duty. Oct. 10, 1884.

Gassaway, J. M., Surgeon, to examine surfmen at Ellsworth, Maine, and other ports of First District, Life-Saving Service. Oct. 9, 1885.